AN INTEGRATED VIEW OF MARITAL AND FAMILY THERAPY

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ABSTRACT

This thesis will review the researcher's understanding of the biblical, theological, and psychological insights and their contribution to an integrated perspective of marriage and family therapy. It will establish a biblical and theological foundation centered on the foundations of family and marriage. Also, it will explore the psychological perspectives pertinent to the researcher's integrated approach to counseling. The main psychotherapy models presented will be Emotionally Focused Therapy (EFT) and Families Systems theory. The integrated perspective will highlight the blending of the theological and psychological concepts including perspectives on assessment and conceptualization and treatment planning, which is utilized for informed family and marriage counseling. Finally, this thesis will conclude with a case study that demonstrates how the researcher applies this integrated approach to marital therapy.

CHAPTER ONE

BIBLICAL AND THEOLOGICAL PERSPECTIVES ON MARRIAGE AND FAMILY

This paper will integrate biblical, theological, and psychological perspectives concerning marriage and the family while viewing all three through the lens of a Christian worldview. Wolters uses the synonyms "life perspective" and "confessional vision" to define the term *worldview* (2001, pp. 1-2). In short, worldview is a set of beliefs that are coherent and fit together to form a whole. These fundamental beliefs form a unified point of view that has important implications for life and daily practices. Since convictions are vital in forming our systems of values and how they govern our interactions and patterns in life, it is important for the Christian therapist to have beliefs that harmonize and are consistent with a biblical and theological framework concerning marriage, family, and psychology.

For the Christian therapist, establishing a scriptural framework that supports a particular theoretical approach is crucial. Thoughtful contemplation of the scriptural tradition of the church and its representatives of the faith aid in the development of a distinctive shaping of the mindset or worldview of the clinician. These beliefs in a Christian worldview and the biblical and theological sources from which they are derived have great implications for systems of values. The beliefs are coherent, consistent with each other, presenting a united front or point view. It is from this perspective that this paper posits to integrate the science of psychology with faithfulness to biblical and theological truths.

Rationale for Integration of Psychology and Theology

For the Christian therapist, the integration of psychology and theology stems from the basic foundational assumption that all truth originated from God. He is the source of all truth, whether the truth is discovered through general or natural revelation. The key for the Christian integrationist is to relate and link truths derived from science and theology into a unity of truth. Speaking of the church's need to understand the fundamental concept of the unity of truth, Carter and Narramore (1979) wrote: "If all truth is God's truth, there is a basic unity between all disciplines. This unity is the basis for all attempts at integrating one's faith with academic and professional pursuits" (p. 14). For the Christian integrationist, it is important not to deny the valued insight of God's special revelation to humanity given by Scripture, nor to discredit the potential benefit that psychology can bring to the church. General revelation is God's truth revealed through creation: nature, history, and the human person. Paul states that this truth is available to all and is mediated through observation of the creative world (Romans 1:20-21). Thus, for both the scientist and the theologian, the governing laws of the world are discoverable.

These two disciplines, psychology and theology, when properly applied, can be complementary and provide needed understanding for psychotherapy. The Christian therapist has the unique position of embracing and blending the realm of theology with the social aspects of human nature. The goal of the integrationist is to learn to think in line with God's truth, special or biblical revelation, and to use it along with the truth discovered through general and natural revelation in unity. To the integrationist, according to Carter and Narramore (1979), "integration can be thought of in a threefold

manner. It is, of course, the relating of Christian and secular concepts. But it is more than that. It is also a way of thinking and a way of functioning" (p. 117). So, it is understood in this investigation that truths revealed by natural and special revelation, when rightly divided and augmented, are not contradictory, but complementary. Hence, they establish a "unity of truth."

God's Idea of Family

Family is God's idea of a basic unit in which people relate to one another and share life together in society. It is a community of persons related by marriage or kinship. In biblical times, family is presented as patriarchal (father-centered); however, sons, daughters, brothers, sisters, grandparents, and other kinsmen, servants, concubines, and resident aliens are also spoken of as being integral to the concept of family (Baab, 1986). Biblical families were often large, especially in the Old Testament, when the marriages were often polygamous. The Israelites had large families for economic and religious purposes, families expanding by birth and over time by covenant treaties with other groups and individuals.

In modern Western culture, the concept of family is used in varied and complex ways. The following are the basic features of a nuclear family: marriage, parenthood, and home life (residence)—with a variety of combinations of these three aspects existing. The combination of the three together constitutes a nuclear family, either by blood or adoption (Walsh, 2003). The word is also expanded to those who are connected in some way to the nuclear family. Walsh noted that "the idealized image of intact family" is often distorted (2003, p. 10). This takes place by the actual reality of diverse family arrangements. Families are commonly disrupted by early parental death, divorce, remarriage,

stepfamilies, and child placements. There is a wide range of varying family structures, which constitute family unit, kin and non-kin.

Regardless of how a family is constructed, it appears that God works through these micro-communities we call family. This is true for the family unit, whether traditional or non-traditional, nuclear or non-nuclear, in order to fulfill His purpose in society. Each family is unique; even as individual members are different. Paul's comparison of the human body to the functions of the church serves as a fitting metaphor for families as well. "The body is a unit, though it is made up of many parts; and though all its parts are many, they form one body" (1 Corinthians 12:12, NIV). Paul further speaks to the giftedness of each member contributing to the whole of the body of Christ; so it is with families where each member has its own purpose and role to fulfill God's intended will. "From him the whole body, joined and held together by every supporting ligament, grows and builds itself up in love, as each part does its work (Ephesians 4:16; cf. Romans 12:4-11).

The modern meaning of family differs from the description of family within the ancient Near East. Surveying the Old Testament, it is clear that Israel's conception of the family is focused on the extended families, clans, and tribes. This would include the couple's married children's families, any unmarried sons or daughters, hired servants and slaves, even business partners (Kostenberger & Jones, 2010). The household was constituted of members related to one another in a variety of ways: friendship, descent, marriage, ownership, and property. The structure of the household was not limited to intimate ties (husband and wife and children), as is characteristic in the modern West. For the most part, the household was a microcosm of the patriarchal society as represented in

the ancient Near East. The household authority was hierarchical and non-egalitarian. This was reflective of the city-state where men ruled in the public domain. The role of the male was head guardian and protector, especially in respect of the family's honor and the women's sexual virtue.

As we continue to explore the meaning of family, interestingly, there is no Hebrew or Greek word to define fully what is meant by the nuclear family of today (Davidson, 2014). However, the two Hebrew words most commonly used for family are *mishpachah* and *bayit*. We will first look at *mishpachah*, which means "clan" or "kindred." Of note, this noun takes on a much broader sense than the English term for "family." It is used both as a circle of relatives with strong blood ties, as well as a unit of a larger group or tribe or nation. In Numbers 11:10 Moses hears "every family (*mishpachah*) wailing at the entrance to their tents." In Joshua 7:16-18 in search for the person who was guilty of violating the covenant, the tribe of Judah came forward followed by the "family" (*mishpachah*) of the Zerahites. The second Hebrew word used to refer to family is *bayit* which translates to "household" or "house." It is used in reference to a "dwelling" or "habitation" that is an ordinary house (Exodus 12:7), or dwelling houses (Leviticus 25:29). *Bayit* is also used to denote various constructions and distinct buildings: a king's house (1 Kings 10:12), a prison (Jeremiah 37:15), and the most important which is the Lord's house (Psalm 26:8; 122:1). In ancient Israel, the family concept is a community dwelling under one roof.

The Greek term translated 'household' or 'house' in the New Testament is *oikos* or *oikia* meaning a house, a dwelling, or family. It can also mean a building or a dwelling in which people live. In the New Testament, household is understood as an economic and

social unit. Another word used in the Greek text is *patria* meaning an ancestry, lineage, or tribe. Paul describes in Ephesians 3:15 that all families, heavenly and earthly, owe their origin to the Father (*pater*) God, "from whom every family (*patria*) in heaven and on earth derives its name." He is the author of their spiritual relationship to Him and to His church and to one another. There is one church, and one family. The basic structure of human relationships, family groupings, owe their existence to Him. Paul suggests that the relation between believers and their heavenly Father is one of closeness and oneness (Ephesians 4:3-6). This is exemplified in the origin of the Christian church by families who worshiped together in their homes. There were close ties between the families and the early church; the church being the macro-community composed of micro-communities represented by families. They seemed to understand that they were, "no longer foreigners and strangers, but fellow citizens with God's people and also members of His household [*oikios*] (Ephesians 2:19).

God's purpose of family. It is through "the family" that God would bring His redemptive plan to man. After the fall, the Edenic prediction is given by God to Adam and Eve, "And I will put enmity between you and the woman, and between your offspring and hers; he will crush your head, and you will strike his heel" (Genesis 3:15, NIV). "Offspring" is *zera* in the Hebrew (often translated "seed"). It is a collective singular noun referring to a distant offspring. It is also a generic term meaning "all the human race." The prediction suggests that God will provide the antidote for the fall and the sinful condition introduced in the world. This verse is called, by early church fathers and throughout church history, *the Protevangelium,* "the first good news" or the "first gospel" (Wenham, 1987). In the New Testament this passage alludes to a messianic sense

(Romans 16:20; Hebrew 2:14; Revelation 12). The light in darkness, the dispeller of evil would come through the "offspring" of a woman that is through a family [referring to her posterity]. The fall came through a family, and redemption will come through a family (Matthew 1:18-22).

Another Divine purpose of the family is to represent the heart of God to society to guide redemption. This representation includes the following: compassion, instruction, relationships, evangelism, love, faith, and community to the world. In the beginning God created the family—the first family of the human race (Genesis 2:4-25). God chose to bless the whole earth through the family of Abraham, "I will bless those who bless you, and whoever curses you I will curse; and all peoples (*mishpachah*) on earth will be blessed through you (Genesis 12:3, NIV). It is through the faith of Abraham's family that oracles of God provide the redemption of mankind (Romans 3:2-3; Genesis 12:1-3). The Abrahamic family is the vehicle that God chose to communicate His covenant, His redemption, and His purpose in the earth.

The family God chose to bless all the families of the earth was not perfect by any standard. Because of the fall, there were flaws and shortcomings in the bloodline of Abraham. The narrative of the Scripture manifestly shows Abraham's family line at times struggled because of their sinful actions; they had to deal with complex challenges, even dysfunction. Although, God's chosen family was unfaithful and disobedient at times, this did not by any means limit God's faithfulness, devotion, and His overarching redemptive purpose (Romans 3:1-7). The Bible's familial stories of battles and triumphs give insight and hope for the modern family. From this theological context, it can be understood that

God's plan, purpose, and will can still be accomplished even through families with all their limitations.

In sum, God's dealings with the family of Abraham reveal that God is totally dependable and trustworthy. God's redemptive purpose can still be at work despite the deepest challenges and dysfunction a family may face. This principle gives hope and inspiration to all families of the earth. The plan of God will be done, and it is through the family unit that God connects with mankind, and mankind connects with God. It has always been about family and always will be about family. There is the present reality and the eternal reality of the family as mentioned in Ephesians 3:15, "From whom his whole family in heaven and on earth derives its name." God's family resides on the earth and in heaven; the members are heavenly and earthly, temporal and eternal, and they are fleshly bodies and spiritual bodies. God is the creator of heaven and earth, and family is represented in both realms to satisfy His Divine purpose of redemption.

Functions of the family. In His divine wisdom, God designed the family to be the birthplace and the origin of a person. It is the place where a person receives instruction, develops relationships, and deepens devotion. The concept of the family first has an instructional aspect. It is in the context of the family that a person of God is taught by precept and by example. This is expressed in Deuteronomy 6. Children are to be nurtured, cared for, and developed for life. The Scripture never lays the burden or the responsibility of faith formation on the church. The responsibility is on the home (Deuteronomy 6:7-9; Ephesians 6:1-4). Therefore, in a sense, one aspect of family functioning is educational in nature.

The relational aspect or function of the family is well-covered in scripture. In the context of family, a person learns to relate with other family members while still remaining distinct. Many scholars point to the Trinitarian aspect of the family of God to elaborate on this concept- uniqueness, distinction, and unity. Man was created by the Triune Godhead—Father, Son and Holy Spirit—in the image of God. "Let us" make mankind in our image and likeness. Paul expounds on this triune aspect of mankind even further: "May your whole *spirit*, *soul* and *body* be kept blameless at the coming of our Lord Jesus Christ" (1 Thessalonians 5:23b, NIV). Given that man is created in the image of God, a person is a relational being, and there is uniqueness and distinction in each member of the family (Balswick & Balswick, 2007). The family functions within triune relational dynamics: husband, wife, and child relationships, each distinct and unique, while still maintaining a mutual unity.

Another biblical function of the family is devotional. The devotional aspect is worship of the Living God. The focus of the family is not on itself alone, but it is on who God is and what God is (Erickson, 1998). God created mankind to worship and glorify him. In the family context, God's micro-community is inhabited by His presence, and the family was intended to be individuals who collectively are the temple of the living God. As God has said, "I will live with them and walk among them, and I will be their God, and they will be my people" (2 Corinthians 6:16, NIV).

In the greater context, it is through the church (macro-communities) that families join together in these three functions. The church is made of many families, and each family has its own uniqueness and distinction. Families are the place of origin, both spiritually and biologically. This represents God's ideal for the family from a biblical and

theological perspective. God provides these designs for His children, and the primary functions of the family are to make God known by instruction, relation, and devotion.

Children in the family. In Genesis, God commands humankind, created in the image of God, to be fruitful and multiply (Genesis 1:22). The fulfillment of the blessing of God upon a man and woman was to be their posterity. Children are a gift of the Lord, and parents are to enjoy them and be grateful for them. Sarah rejoices at the birth of her son, Isaac (Genesis 21:6-7). Zechariah was promised by an angel that that his and Elizabeth's child would bring them joy and gladness (Luke 1:14). Even Jesus exclaimed in John's gospel, "I tell you the truth, you will weep and mourn while the world rejoices. You will grieve, but your grief will turn to joy. A woman giving birth to a child has pain because her time has come; but when her baby is born she forgets the anguish because of her joy that a child is born into the world" (John 16:20-21, NIV).

Related to this notion are several passages that declare parents who receive children to be "remembered" by God (Genesis 30:22; 1 Samuel 1:11, 19) and given "good fortune" (Genesis 30:11). Children are made in the image of God (Genesis 1:27) and are worthy of honor and respect (Bunge, 2008). Children are also to be loved and treated with tenderness. The Psalmist says children "are a heritage from the LORD, children a reward from Him. Like arrows in the hands of a warrior are sons born in one's youth. Blessed is the man whose quiver is full of them" (Psalm 127:3-5, NIV).

With the blessing of child rearing also comes parental responsibility—do "not exasperate your children; instead, bring them up in the training and instruction of the Lord" (Ephesians 6:4, NIV). Children are beings who need development, instruction, and moral guidance. In this domestic education, the fathers are not to be overbearing in their

demands; if they are, the children might lose heart (Colossians 3:21). There are two aspects of this domestic education; one is the Greek word *paideia* meaning "training" a child. This includes discipline and correction. The King James Version uses the word "nurture," which may be too weak a word to convey the Greek meaning. The import of the word is that the parents are invested by God to help children in the whole educational process. This includes cultivating the minds, teaching morals, and helping them to increase in virtue. Parents are to correct mistakes and to help children to curb passions and to develop spiritually. In short, what Paul implies is instruction in righteousness. Second, the word *nouthesia* means literally "a putting in the mind." *Nouthesia* is the training by the word of mouth, and this is done by encouragement, or if necessary, by reproof. *Paideia* is training by act and *nouthesia* is training by words. Both approaches are necessary in the child's overall spiritual and emotional development.

Communication and Cohesion in Family Context

The ideal family is established by the will of God. There should be open communication between the husband and wife and between the parents and the children. The communication should be spiritual, warm, and positive. This fosters trust and security. Moreover, there are several communicative skills necessary for success. First, talking and listening to one another are vital. Listening should always be without judgment and without being defensive. This is essential to the overall communicative process (Proverbs 18:13). Second, learning to prepare the heart in communication is an important aspect. Having the right attitude and predetermined righteous frame of mind helps to produce the right response. Pray, prepare, and think before you speak. Proverbs 16 gives the wisdom and insight of proper heart preparation before a person speaks, "The

preparations of the heart belong to man, but the answer of the tongue is from the LORD (Proverbs 16:1, KJV).

Third, when communicating with another, a person should seek understanding. The scripture teaches that good understanding wins favor (Proverbs 13:15). Every person in the family has a desire to be understood, even if it is about an issue that might be deemed unworthy to be considered. Understanding another person opens up dimensions of the heart and mind that would be otherwise closed. Fourth, honor can be seen as a key element in communication. We are to honor God, but we are also to honor one another. Honor is to attribute high status, and it is to ascribe worth, value, and respect. It can be presumed so many issues would be resolved by simply learning to use honor in the communicative processes as honor says to another "you are valuable to me." Jesus spoke much about honor (John 5:23; 7:18; 8:49; 12:26). Honor and respect is the cohesion that keeps the relationship together. These communication skills—talking and listening, preparing the heart, seeking understanding and giving honor are central to keeping harmony in the family.

Cohesion is a direct result of good communication. Cohesion is the emotional closeness in the family. Healthy cohesion is developed when the family unit is differentiated with both connection and interdependence. Togetherness can, and will, come when there are clear lines of communication given. Allowing each member of the family to define his or her roles and allowing one another to grow and develop is the basis of sound cohesion. Also, emotional support in the family context bonds members. Supporting one another emotionally, while allowing for individual uniqueness and distinctiveness, is vital to cohesion. Balswick and Balswick (2007) noted there are

unhealthy forms of cohesion, such as enmeshment. This occurs when the family members are so overly dependent on one another, individual members lack separate identities. The opposite of enmeshment is disengagement, or low level cohesion. This occurs when there is a lack of involvement and togetherness in a time of need.

God's Idea of Marriage—Covenant Established

Marriage is a covenant relationship between a man and a woman. Covenant can be defined as a formal, solemn, and binding contract between two parties. In Hebrew the word *berith* implies "to cut where blood flows;" its meaning also implies "a treaty, alliance of friendship, a pledge or agreement." The basic origin is uncertain, yet it is believed that it is related to the Akkadian word *burru* which means "to establish a legal situation by testimony with an oath" (Smick, Harris, Archer, & Waltke, 1999, pp. 129-130). The Greek word for covenant is *diatheke* meaning "to make a solemn agreement involving reciprocal benefits and responsibilities; to make a covenant, to covenant together" (Louw & Nida, 1996, p. 451). The essential elements are those of two parties; a promise is solemnly given, and a ratification or seal of the agreement is often attached. There is an obligation in the covenant's fulfillment and maintenance and promise of mutual commitment and concern one to the other.

Theologically, the first covenant God provided began in the Genesis account (Genesis 2:16-17). God made covenant with Adam. This is supported by Hosea's injunction: "Like Adam, they have broken the covenant—they were unfaithful to me there" (Hosea 6:7). This account shows that God Himself set the terms of the covenant: the parties, the promises, the ratification, the obligation and the fulfillment. God's covenant with Adam is commonly called the covenant of life. There are other covenants

found in Scripture such as the Noahic covenant, the Davidic covenant, Israel's covenant, and of course the new covenant. All of these divine covenants demonstrate how God operates and functions with mankind.

It is the Abrahamic covenant that demonstrates the breadth and depth of covenant in both Old and New Testament readings. It is the covenant by which God introduced the family so as to reveal Himself to the world, while simultaneously working His redemptive process on the earth. The elements of Divine covenant illustrated through the Abrahamic narrative show the following: the intensity of the relationship; God's ultimate mercy for mankind; the terms of the agreement, faith, and obedience and the future impact upon generations; and finally, the blessings and cursing (Genesis 12:3; Deuteronomy 28). The Abrahamic covenant gives us the framework for how a covenant is established and ratified (Genesis 17:1-8). The elements of the covenant can be found in God's promises to Abraham, the fulfillment of them as Abraham walked in obedience to God. It is God himself who is joining together the divine and the human. It is from this backdrop that there is an understanding of human covenants.

When God made a covenant with Abraham, He presented himself to Abraham as the "Almighty God" (Genesis 15: 1-18; 17:1-2). The Divine covenant was one of disparity, which is a state of being unequal. For example, in the Abrahamic covenant, God, who is defined as "the greater one," is binding together, making an alliance or a treaty with Abraham, who is termed "the lesser one." God's encounter with Abraham follows the ancient Hittite suzerainty covenants shedding light on the structure of the covenants of the Bible (Niehaus, 1995). Powerful and independent kings (suzerains) granted covenants to dependent, weaker vassals giving them certain benefits and

protections (Hill & Walton, 1991). In return, the vassal had an obligation to keep the covenant stipulations and be loyal to the suzerain alone. In this covenantal context, God is the suzerain, and Abraham is the vassal. God made a promise to provide, protect, and bless Abraham, as long as he walked in faith with God. Restoring intimacy with humanity and the restoration of all things destroyed by original sin is the purpose of the Abrahamic covenant, it is a ritual anticipating what God would do for humanity in Jesus Christ (Niehaus, 1995, 2013).

In contrast, human covenants are covenants of parities—that is a state of being equals. Now there are earthly reciprocal benefits, as one may receive greater benefit in some areas: economically, socially, etc., however, there still remains the unmovable state of being equals before God. Human covenants are also seen as mutual and voluntary agreements, with an obligation to fulfill the contract faithfully (Williams, 1996). The Bible provides several examples of human covenants: Abraham and Abimelech (Genesis 12:31), Jacob and Laban (Genesis 31:44), and David and Jonathan (1 Samuel 20:8). These particular Scriptures illustrate the significance and meaning of covenants in God's economy. It is important to understand the theological notion of how God expects people to work together, to bond, and to have a common goal or goals through agreed upon terms in order to discern God's idea of marriage.

Functions and Roles Within the Marital Context

Marriage is a union between two equals. There is a joining together of two for a common purpose in life. This is based on a covenant with the terms mentioned previously. Now that a covenant has been established, there are set functions within a marital context. These functions are defined as missional, relational and committal. It has

been said that marriage is missional; admittedly, there are varying degrees of potential, ability, and skill that each person brings to the union (Thomas, 2000). The union of a man and a woman is for a common directive in life to show forth the plan of God to the world. The partnership is one of co-laboring with God; therefore, marriage can function as a missional purpose of God.

Marriage can also be seen and function as relational. Genesis states, “It is not good for the man to be alone. I will make a helper suitable for him” (Genesis 2:18, NIV). The Hebrew words for “helper suitable” are *ezer kenegdo*. The preposition *neged* means "in front of,” with the further preposition *k* meaning "corresponding to" or "exact correspondence" (Gaebelein, 1992). It could also be contended that man is a “suitable helper” for the woman as well. The Hebrew literally can mean “a help like” suggesting he is a “helper” as well. In the narrative, the new relationship that was initiated by God was one of corresponding counterparts. In marriage there is a shared responsibility of helping one another through life’s journey. This denotes the strong relational aspect of marriage. God refused to allow man to be consigned to aloneness. His desire is to meet the needs of those He loved with an everlasting love. “Helper suitable” denotes a partnership of equals to encourage, aid, assist, and support one another.

The final function of marriage can be seen as committal. “For this reason a man will leave his father and mother and be united to his wife, and they will become one flesh” (Genesis 2:24); the King James Version says “leave” and “cleave.” This passage suggests the united front of oneness. The formation is developed of a new family unit from two distinct family units. “One flesh” is the sexual consummation of the union; hence, there is a physiological bonding that takes place. Additionally, there is an

emotional, a spiritual, and a psychological bonding that takes place as well. The whole man, spirit, soul, and body is involved in the committal process (1 Thessalonians 5:23). The cohesion of this union is strengthened and supported by mutual commitment to one another apart from the families of origin. Based upon the promises, ratification, and obligation of the contract or covenant, there is a solemn bonding of commitment which manifests as a function of marriage.

According to Genesis 2:16-24, the role of man and woman begins with marriage. Marriage is a divine concept and of divine origin, and it is the framework for the relationship between a man and a woman. Man was created first and then the woman (Genesis 2:18-23). Woman's purpose was to be a helper suitable for man (2:18). The woman, out of all of the creatures, became man's equal, providing companionship on his own level because she was "suitable for him." In 1 Corinthians 11:8-9, Paul asserts, "For man did not come from woman, but woman from man; neither was man created for woman, but woman for man." Mutual companions, man and woman, are joined together in marriage. They become "one flesh" through sexual and emotional intimacy. The creation of marriage is for God's purpose on the earth to establish relationships for mutual benefit of husband and wife, to bless them with children, and to populate the earth (Genesis 1:27-28).

The role of marriage has been distorted by the entrance of sin. However, in God's redemptive plan, what was lost in the fall is to be regained through Christ. In Ephesians 5:21-33, Paul sheds light on the richness of the relationship of a man and woman. Paul sets forth three main points: the analogy of marriage to the relationship of Christ and His church, the roles that each husband and wife has in marriage, and the attitude to which

each fulfills his or her roles (Knight, 1991). He conveys marriage as a profound mystery (v 32), and reflects on how marriage is to be in alignment with Christ and His church. It is from this passage that one can readily see the restoration of God's ideal plan of marriage.

Christ and the Church in Marital Context

Marriage in the New Testament is augmented and expanded by the meaning of relationship between Christ and His Church. Paul, in Ephesians, details that the marriage be "to the Lord" (Ephesians 5:22). Marriage is a reflection of the relationship Christ has with His Church. The key components of this relationship are the following: submission, love, respect, and care. Submission is a quintessential component in marriage. In the fear of the Lord, the married couple is to have a mutual submission "to one another" that is reciprocated. Submission and its derivatives are common throughout New Testament teaching. In God's order, His people are to be submitted to civil authorities, to leadership, to parents, and to one another (Ephesians 6:1-9). It is a basic principle that governs and applies to social living.

In reference to the roles of husbands and wives, Paul commands that the wife is to submit to her husband as unto the Lord (v 22). The Greek verb "submit" is *hupostasso* which is used again in verse 24: "Now as the church submits to Christ, so also wives should submit to their husbands in everything." This is the essence of Paul's teaching to wives, and other passages that deal with a wife's relationship to her husband are noted (Ephesians 5:22, Colossians 3:18, 1 Peter 3:1, and Titus 2:4). Paul states that Christ is the head of man, and man is the head of the woman. Paul also states that Christ is the head of the Church and that the Church is to submit to Christ. When describing man as the head

of woman, Paul utilizes the Greek word *kephale,* meaning head or source. Now, some would argue *kephale* means headship as in authority as opposed to "source" in this context. However, it can be seen more as an appeal to the one equal in creation and redemption to submit to God's ordained authority (Knight, 1991). Paul uses the analogy that the wife's relationship to her husband is like the Church's relationship to Christ.

There are four keys found in Scripture regarding a wife's submission: "Wives, submit to your own husbands" (v 22) "as to the Lord" (v 22), "for the husband is the head of the wife" (v 23), and "as the church submits to Christ" (v 24). It appears that Paul is insisting that the husband is the leader in the marriage and the wife should submit. Like Hebrew 13:17, "submit to your leaders," the principle seems to be the same. The husband is to treat the wife with respect and honor (1 Peter 3:7). The husband is the headship or leader of the marriage, and the husband should lead with purity and honor.

Submission is a voluntary yielding in love. It should be noted that love appears six times in Ephesians 5:25-33 when describing the marital relationship. A husband should possess an attitude of love towards his wife: "Husband love your wives…" (Ephesians 5:25; Colossians 3:19). Now Paul does not tell the husband to be the head of his wife; in fact there is a strong emphasis on the self-giving, self-sacrificial love presented to the husband. The comparison is made of Christ's love for His Church: "Husbands, love your wives, just as Christ loved the church and gave Himself up for her…" (v. 25). This is how the husband is to exercise his leadership in the marriage. The import of the passage is that when a husband loves his wife the way that Christ loves the Church, she will respond to him in kind. The cohesion of marriage is love, and it is a love that is defined by Christ's love for the Church.

Love is the master of all relationships. The love of God is the possession of every believer for "God has poured out his love into our hearts by the Holy Spirit, whom He has given us" (Romans 5:5). Love is the glue that keeps the marriage intact. Scripture teaches that the love of God is given to every believer at new birth (1 John 3:14). This love is a God-kind of love that sees an individual as valuable and precious. The Greek word for this type of love is *agape*, which means to have a high regard, to place first in one's affection. It is a love that emanates from God, and enables people to love others as God does (Matthews 5:44-48). This kind of love is the God-kind that originates and flows from His essence. Paul describes this kind of love (*agape*) as a love that is not self-seeking, and it never fails-falls apart or falls short (1 Cor. 13:5, 8a). It is a love that is superior to all human imperfections. It is a love that lays down its life (John 13:34-35). There are three other types of love mentioned in the Greek language. One is in the New Testament, and the other two are in literature. *Phileo* is used 25 times in the New Testament and means "friendship love." In classical Greek literature, there are two other Greek words for love: *eros* "sexual love" and s*torge* "affectionate love" (Lewis, 1960). In the marital context, when all four types of love are expressed and utilized: *agape* a divine self-giving love, *phileo* a friendship love, *storge* an emotional affectionate love, and *eros* a sexual love, the martial dyad is greatly strengthened (Ecclesiastes. 4:12). All four loves can only find full meaning within God's structure of marriage.

Finally, marriage has the element of respect and care. In the King James Version, Paul uses the terms "nurture" and "cherish" which depict affectionate care. It is to be the same as Christ's care for the church. No man despises his own flesh, but he takes care of himself. Likewise, the honor and respect that is required for the self is the same that

needs to be given to the other. In 1 Corinthians 11:11-12, “In the Lord, however, woman is not independent of man, nor is man independent of woman. For as woman came from man, so also man is born of woman. But everything comes from God.” God is the source of all things and man is the source of woman. So in the Christian community we are to treat one another with mutual respect and honor. The husband and wife each have their own unique God-given roles and positions. Hence, we are reminded God created man and woman as equal human beings.

In short, with marriage there is extension of the covenant Christ has put in place for His Church. Marriage is established by the relationship of Christ and the married couple. The relationship that the Christian has with Christ is built upon the relationship of trust. Although trust is not mentioned, it seems to be directly implied in the overall text. By Christ, the married couple is established and maintained by submission, love, respect, and care. These appear to be the main foundational stones of the marriage.

Marriage and Family as a Community of Oneness

God created mankind in His image; **“**So God created mankind in His own image, in the image of God He created them; male and female He created them” (Genesis 1:27). Erickson (1998) wrote, “on this basis, the image of God in man (i.e., generic) is to be found in the fact that man has been created male and female (i.e., plural). This must mean the image of God consist in a unity in plurality” (p. 354). The Christian faith holds to the belief in one God and one God alone embodying Himself in relationship as Father, Son, and Holy Spirit. He exists as three persons, each distinct in function and role, yet mutual and one in purpose.

Jesus reaffirmed the unity and oneness of God in Mark 12:29: “Hear, O Israel: The Lord our God, the Lord is one.” Mankind was created in the image and likeness of God. It is from this backdrop that we can begin to understand His purpose for marriage. As Balswick and Balswick (2007) stated concerning Trinitarian relationality, “the process whereby a man and a woman marry and become one yet maintain their individual distinctiveness is a major aspect of marriage” (p. 18). The concept of being created by a relational Triune God is essential and significant in understanding marriage as a union of oneness. Additionally, according to Genesis 2:4, God at the first marriage made man and woman one (*echad*).

Marriage is a union between two distinct personalities and entities. In the *Shema*, the term for “one,” *echad*, is the same Hebrew word used of God in Deuteronomy 6:4, affirming a unity of distinct parts (Erickson, 1998). When being questioned concerning divorce and its regulations according to the Mosaic Law, Jesus goes past Deuteronomy 24, and directs His teaching about marriage to the Genesis account (Matthew 19:4-6). He goes back to the beginning, reminding the audience (Pharisees) that God created and established marriage between a man and a woman (Genesis 1:27; 2:4). When Jesus reminded them that marriage was an ordinance that God instituted, He made it clear that divorce falls short of God’s idea for marriage (Malachi 2:16).

Upon marriage, a man is to leave his father and mother and be united to his wife, and the two become one flesh (Genesis 2:4). Jesus shares, “For this reason a man will leave his father and mother and be united to his wife, and the two will become one flesh. So they are no longer two, but one flesh. Therefore, what God has joined together, let no one separate” (Matthew 19:5-6). Jesus asserts that it is God who made the union possible.

When a man “leaves” his father and mother and “cleaves” to his wife they become one, and no man should tamper with this union of oneness. It is clear that this union is meant to be until death parts the two: “Therefore what God has joined together, let no one separate (Matthew 19:6, NIV).

Bilezikian (1997) in his book *Community 101* contends that God sets forth His plan for “oneness” in Genesis 2:4. He wrote that mankind has an innate need for belonging; “at the core of our being is the tormenting need to know and to be known, to understand and to be understood, to possess and to be possessed, to belong unconditionally, and forever without fear of loss, betrayal, or rejection” (p. 15). He presents the Trinity as the original community of oneness, asserting that God is a “community of three persons in one being” (Bilezikian, 1997, p. 16). In Genesis 1, God introduces Himself as the Creator of the heavens and earth, “In the beginning God created the heavens and the earth” (1:1). God is the Father of all creation, and it originates from Him. Genesis 1:2 describes the work of the Holy Spirit which denotes an activity and distinction differing from the Father of creation: “the Spirit of God was hovering over the waters” (1:2). In Genesis 1:3, in the form of the spoken word, the Word of God (Son) is the executer of God’s will (John 1:1-3): “And God said, let there be light, and there was light...” (1:3). God presents the Tri-unity of Father, Son, and Holy Spirit in creation, as a community of oneness. It is from the Trinity that all life originates.

The high mark of creation is when God created man, and yet He said, it is not good for man to be alone (Genesis 2:18). Man by himself was not community, and he did not fully reflect the image and likeness of the Triune God. Marriage was a creation of a human community that reflected the image of God in oneness and plurality (Bilezikian,

1997). It is God's plan to join together people in a new community. It is through community—marriage, family, church, and society that we are to do life. The Psalmist proclaims, "How good and pleasant it is when God's people live together in unity!" There are a number of directions and percepts from the Bible that God gives to show us how to do life together (Bonhoeffer, 1954). This is profoundly evident in how we are to do marriage and family.

It is through marriage and family that the community of oneness is expressed, and God's love is manifested in relationships—husband-wife, child-parent, sibling to sibling, and father-mother. God's ultimate purpose seems to be to have a people who are given to a community of oneness to reflect His image, relationally and mutually.

CHAPTER TWO

PSYCHOLOGICAL PERSPECTIVES

The study of psychology provides useful tools for understanding behavior and the mind, thus attempting to explain some human realities. This chapter will review several psychological theories concerning marriage and family and how these theories richly contribute to the Christian marriage and family therapist's understanding and framework of personhood and family life.

This investigation will review several models that specifically address how relational bonds are formed. Insights will review the following dynamics: the psychological perspectives regarding marriage (mate selection, romantic love), and emotionally-focused therapy (EFT) (humanistic-experiential dimension, attachment theory), and psychological perspectives regarding family (family systems theory, and family life cycle).

Psychological Perspectives Regarding Marriage

Mate Selection

The beginning of the marital union is the selection of a mate. It is the foundational piece for understanding all aspects of the family life cycle. Mate selection is the process that explains and describes how individuals choose partnership for marriage, along with the social and contextual factors involved in the process. In non-Western societies, the practice of mate selection sometimes involves parental arrangement along an intentional blending of extended families. In the West, mate selection is mostly an individual matter of free choice. However, these individuals may sometimes seek consultation from family, friends, clergy, counselors, and others. Whether the mate

selection involves parental arrangement or free choice, mutual commitment, affection, and sexual fulfillment seem essential to long-term relational happiness (Collins, 2007).

Theories of mate selection. In Western societies where partner choice is largely a matter of free will, several theories will be discussed: similarity, the evolutionary view, and complementary perspectives and psychoanalytic theories.

Similarity theories. The similarity perspective regarding mate selection includes endogamous or homogenous factors. Studies reveal that endogamous factors, or similar characteristics, are the key components in mate selection. People are said to be attracted to those like themselves. The factors would include age, race, religion, educational, proximity, and social-economic status. This theory is validated by people who say they are attracted to those like themselves (Buss, 2013).

The studies give several reasons why people are attracted to those they are like (Buss, 2013; Kemp, 1985; Hazan & Diamond, 2000; Tolmacz, Goldzweig, & Guttman, 2004). One, it should be noted that agreeableness with the other person bolsters one's self-confidence. Two, the anticipation of positive interaction and reinforcement with that person are important (Hyde & DaLamater, 2006). Furthermore, a person tends to marry a person with the equivalent ego strength. For instance, the low self-esteem person marries the low-esteem person and high-esteem person marries a high self-esteem person. Or in Balswick and Balswick's (2007) words, the tendency is to marry someone with the same ego assets.

Although there are many mate selection theories that posit various tenets, similarity theory seems to find a residence in each of the following mate selection perspectives: evolutionary, complementary, and psychoanalytical perspectives; all appear

to have a trace of the similarity perspective. In respect to evolutionary mate selection, it would appear there is an attempt, whether by intersexual or intrasexual strategies, to find one of the similar qualities with whom to mate while taking into account physical appearance and general attractiveness found in the desired mate. Complementary theory is motivated by a conscious or unconscious desire to complete a sense of self. Whether it is personality, ego needs, financial, etc. the person seeks someone to help fulfill his or her needs. There appears to be elements of similarity perspectives at work toward bringing together a couple that share a mutual need for completion. Finally, psychoanalytic perspectives presume mate selection is a dyadic phenomenon wherein many basic needs emerge out of similarities. This is especially true of finding a mate similar to an opposite gendered parent. It is the view of this paper that the most consistent mate selection is the similarity theory.

Evolutionary perspectives. Many of the recent studies on mate selection strategies stem from evolutionary psychology (Hyde & DeLamater, 2006; Buss & Barnes, 1986; Buss, 1988). Evolutionary psychology is deeply embedded in Darwin's theory, especially as it relates to his concept of natural selection via sexual selection. The two mating selective strategies processes Darwin presented were *intrasexual selection* and *intersexual selection* (Hyde & DeLamater, et al., 2006). Intrasexual selection is defined as the tendency for one sex to compete with another for the opposite sex. This process is usually male directed. The other process of intersexual selection is defined as the tendency for one sex to give preferential treatment and choice to the opposite sex. He called this "female choice." Darwin's observation noted that throughout the animal kingdom, the females were more selective in their mating choices (Buss & Barnes, 1986).

For example, males compete among themselves for access to mate with females, and females give preference to certain males with whom to mate.

In light of mate selection, the study of evolutionary psychology gains its understanding by observing the social behavior of animals and humans. It notes the primary sexual behavioral patterns in species as they, as well as humans, have evolved. The evolutionary perspective details the process of animals adapting to their environment for survival, reproduction, and passing their gene pool to the next generation (Hyde & DaLamater, 2006). The ultimate purpose is for the healthy offspring to pass on its gene pool. Buss & Barnes' (1986) study posits that humans choose mates based on attraction. Physical appearance, complexion, and the like, all indicate health and strength, which may be linked to future reproductive potential. In contrast, unhealthy individuals are not as likely to produce healthy offspring. The study of evolution and natural selection presents physical attractiveness as an integral component in human mate selection.

Complementary theories. On the other end of the spectrum, another theory purports that individuals are not attracted to people like themselves. Rather, they are drawn to others who possess personality characteristics that the individual believes will complement their own personality tendencies and strengths/weaknesses. This theory assumes an individual's unconscious need to complete some part of his or her personal deficiencies. People who said they were attracted to opposites are likely drawn to this theory (Winch, 1958).

This theory postulates that people are attracted to opposites. The studies reveal that when opposites do attract, it usually relates to personality traits and factors (Winch, 1958). This approach suggests that it is the conscious or unconscious desire of an

individual who seeks complementariness in a potential mate. This is most likely because of a perceived personal deficiency of some sort, and it is a selective attempt to provide what is personally lacking. A person may be aware or unaware of his or her behavior in this process.

Winch (1958) makes observations about the kinds of cultural conditions in which love appears in the complementary mating process. The culture must provide opportunity for voluntary and mutual choice of a mate, premarital opportunity to explore personalities, and the presentation of the marriage opportunity as a potential source of gratification.

Psychoanalytic perspectives. The fourth theory that will be discussed is a more esoteric factor taken from the psychoanalytical and object-relational perspectives. This theory posits that marriage is a "dyadic phenomenon" (Kemp, 1985, p. 161) which includes many similarities that emerge out of basic need. In respect to the basic need, this mate selection theory leans heavily on the biological term "symbiosis," which is defined as two different organisms living in close physiological relationship. This theory explains that there is a symbiotic condition that occurs between an infant of its caregiver. Moss (1977) further provides the meaning of symbiosis as "a reciprocal dependence or mutual relationship" (p. 292). The symbiosis that occurs between the mother/caregiver and infant's emotional relationship creates the prototype for future intimate relationships. Moss also notes in his research that the object relationship with a couple originates from a need for symbiotic re-enactment, although it is not the same as the initial maternal dependency. It does show similarities to the original psychobiological symbiosis. The purpose of this initial phase of bonding is to create attachment in which two individuals

merge their lives, values, and personalities. Additionally, Hendrix (2001) proposed that individuals are unconsciously attracted to those who are similar to our other gendered parent. This approach is based on the innate need to find an image (imago) of a mate from the early attachment created by the predominant parent. Throughout this mate selection process, similarities are emphasized and differences are often ignored (Neustadter, 2011).

Romantic Love

In determining a mate for life, most North Americans believe that romantic love is quintessential (Balswick & Balswick, 2007). It is passionate love, at least in the early stages of a relationship that possesses the component of sexual attraction and infatuation. For most individuals, romantic love and intimacy are integral components in selecting a mate.

Robert Lewis (1973) developed the dyadic formation theory that covers six stages of romantic relationships, beginning with the dating stage. Each stage grows in seriousness of the relationship. These are as follows: 1) perception of similarities which includes background, core values, pursuits, and personality traits; 2) rapport, or learning to be comfortable and relaxed around one another, and communicating with each other; 3) mutual disclosure and openness; 4) an expectation and wonderment of what it would be like to be married and the roles each would play; 5) adjustment to fit the roles to meet each other's needs; and 6) dyadic crystallization as established by involvement together, setting relational boundaries, mutual commitment to each other, and manifestation of being a couple.

Shaver and Hazan (1988) viewed romantic love as a biosocial process by which a loving bond is formed by adults. They noted that various features of love can be integrated within an attachment theoretical framework. First, the nature of romantic love is an emotion, which has a set of typical elicitors (antecedents) with a set of typical responses. The possible elicitors are as follows: familiarity with the other, satisfying one another's need, and inspiring trust and security in the relationship (Feeney & Noller, 1996). Likely reactions include feelings of wanting to be close to one another, a sense of security and self-assurance, and a willingness to give one to another. These possible emotional reactions are consistent with attachment behaviors.

Three, love integrates three behavioral systems: attachment, caregiving, and sexual mating. Shaver and Hazan's (1988) work elaborates on how love originates in early-childhood attachment styles: secure, avoidant, and anxious/ambivalent. Given there are similarities between infant and adult attachment, they differ fundamentally. The infant caregiver relationship differs in reciprocation. Adult romantic love moves between being the caregiver and the recipient of care, and in addition it involves sexuality. Consequently, love is more than a feeling. It is a complex way of thinking and acting toward another person.

Triangular theory of love. Roger Sternberg (1986) created a triangular theory about the nature of love. According to this theory, there are three basic components: commitment, intimacy, and passion. These three dimensions of love are closely associated with three of the four mentioned by C.S. Lewis in his book for *The Four Loves* (1960). As mentioned in chapter one, these three types of love as presented by Lewis are derived from ancient Greek culture: *agape, phileo* and *eros*.

In Sternberg's theory, commitment is linked to *agape* as it relates to a decision that one loves another person. This includes a cognitive evaluation of the relationship and a determined purpose to maintain the relationship. All relationships endure problematic situations; this love stays on the course "for better or for worse" by giving the promise of commitment. Intimacy is taken from *phileo,* meaning a brotherly love is explained as emotional feelings, closeness, and warmth. It is the emotional component of love. Passion corresponds with *eros*, which defines the physical desire and sexual attraction aspect of a relationship. It involves the emotional component of love. Passionate love differentiates from other types of love. Passionate love happens quickly in a relationship; however, it fades most quickly. Intimacy and passion are closely interrelated. In some relationships, passion comes first when a couple meets, and they are physically attractive to each other. Emotional intimacy then follows. In other cases, emotional closeness is first, then passion follows.

The argument is made that each love type must have corresponding actions. For instance, commitment is demonstrated by staying in the relationship through even the most difficult of times. Intimacy finds expression through open communications of personal feelings, support, and accurate empathy. Passion is expressed through touch, making love, and kissing. Sternberg posits that the key to a strong relationship is having all three loves working together equally in a relationship; the result is *consummate love*. This is considered the most fulfilling type of love.

Emotionally Focused Therapy Foundation

A more detailed review, regarding the EFT therapeutic model guiding this psychological perspective, is in chapter three. The purpose of this section is to present the

psychological perspectives formulating the theoretical foundation behind EFT which is based on the humanistic-experiential dimension, attachment theory, and the systems approach.

Humanistic-Experiential Dimension

According to Corey (2009) the humanistic and experiential approach connection may be confusing. He states,

> The viewpoints have much in common, yet there are also significant philosophical differences between them. They share a respect for the client's subjective experience, the uniqueness and individuality of each client, and a trust in the capacity of the client to make a positive and conscious choices (p. 168).

These theoretical foundations of EFT are important to understanding of marital and family relationships.

Empathy. The origin of EFT is from Carl Roger's the person-centered approach (Greenberg, 2011). Carl Roger's theory of psychotherapy involves three main areas: congruence, unconditional positive regard, and empathic understanding (Corey 2009). The EFT therapist focuses on genuineness, acceptance, and empathy. In this humanistic-experiential approach, the cause of problems with individuals and their relationships is an "… incongruence between self-concept and experience" (Greenberg, 2011). Clients come to therapy in a state of incongruence between their self-perception and their experience in reality.

Empathy involves genuinely caring about the client in a non-judgmental way (Hill, 2009). It is with deep empathy that the therapist creates the place where the client can self-explore experiences, feelings, beliefs, behavior, etc. With a humanistic-

experiential perspective, healing and change come from a deep empathy as if the client's feelings were the therapist's own, without losing his or her self in those feelings (Corey, 2009). Through empathic attunement, acceptance, and genuineness, the client is openly able to discuss his or her subjective experiences.

Change by emotional experience. Humanistic-experiential therapies focus on change through experiences. Given that EFT techniques are based on humanistic-experiential models, the therapeutic alliance is built on a secure base in attachment terms. Once this is established, it must be maintained for therapy to continue. The effective process in therapy is directed through what the client is experiencing (Greenberg, 2011; Gruman, 2008). EFT emphasizes the need for emotional experiences for change to happen. This is especially important in marriage and family therapy when members experience new interaction patterns and learn ways of relating to one another.

Attachment Theory

John Bowlby, a British psychologist, psychiatrist and psychoanalyst was a pioneer in attachment theory. Attachment theory derives from ethology, which is a detailed study of animal behavior based on Darwin's evolutionary theory. Bowlby elaborated on Freud's perspectives on interpersonal relationships. Human beings are born with innate behavior tendencies to contribute to their survival. The most significant aspect in social development, attachment is an innate and adaptive process. Attachment can be understood as positive emotional bonding. Early attachment styles influence the quality of future relationships. Human beings are born with innate behavior tendencies to contribute to their survival. A secure attachment between a child and a significant caregiver provides the child with security. True affectionate bonds develop over time,

which enhance the child's cognitive and emotional regulation capacities. From an object relations perspective, the inner representation of this parent-child bond becomes important in the personality formation. This inner image becomes the basis for all future relationships throughout life (Pendry, 1998). Bowlby concluded that early social attachment between infant and caretaker is crucial for normal development.

Infant attachment styles. There is a biological predisposition to maintain proximity to the adults of the species (Miller, 2002). Prolonged separation of the infant from its mother can create acute anxiety. The disturbance of the relationship between mother and infant creates an infant protest. Bowlby stated,

> The initial phase, that of protest, may begin immediately or may be delayed. During it the child appears to be acutely distressed at having lost its mother and seeks to recapture her by the full exercise of his limited resources. He will often cry loudly, shake his cot, throw him about, and looks eagerly towards any sight or sound which may prove to be his missing mother (1969, p. 27).

Bowlby noted that the infant moves into a state despair and grief, then detachment, and finally, psychopathology.

The evidence for an attachment bond includes infant protest and greetings, such as smiling, when the parent returns (Miller, 2002). In *phase one,* birth to two months, the infant responds to parents, strangers, and siblings. The infant will cry or smile. *In phase two,* two-months-old to seven months, there is proximity-behavior, such as seeking the parent (Kaplan, 1998). The learning process of knowing the familiar and unfamiliar is developed in the infant. *Phase three,* seven to 24 months, the infant seeks contact. Bowlby reported that early signaling and reflex behaviors lead to attachment. In *phase*

four, 24 months on, there is an internal model of attachment. Infant and parent behaviors become harmonized into an "attachment behavior system" (Miller, 2002). In a reciprocal dynamic, the sights, behaviors, and sounds of parent and infant provide stimuli for each other. There is a mutual learning process that contributes to the secure relationship (Paplapia & Olds, 1995).

The "*Strange Situation,"* (capitalized in writings about attachment theory indicating a formal measurement, rather than an "odd" situation), researched and discovered by Mary Ainsworth, is a means of measuring attachment behaviors. The psychometric procedures involved a series of separations and reunions with a parent that escalates the infant's stress (Kaplan, 1998). The assessment procedure provided information during the infants' first year of life and how the infant interrelated with the mother's maternal behavioral patterns. Ainsworth further showed how to code the three major categories of infant attachment behavior toward the mother in a Strange Situation. Her work built upon Bowlby's work and created the basis for understanding attachment processes and individual attachment styles (Mikulincer & Shaver, 2007).

It should be noted that some scientists criticized the Strange Situation observational measure as a primary means for determining the quality of attachment. They suggested there may be cultural differences, which should be considered in assessing some appropriate responses to separation.

Bowlby held that the quality of attachment has important effects on later development. Internal working models of these relationships are created in the infant that shape their view and expectation of all other and future human relationships. The result of a secure attachment is the belief that people are lovable and can be trusted (Paplapia &

Olds, 1995). On the other hand, the infant who experiences neglect, abuse or insensitivity, will likely develop an insecure attachment style. Their cognitive representation of people will likely be negative, that is, that others and relationships cannot be trusted.

Bowlby's colleague Ainsworth elaborated and categorized two primary types of attachment: secure and insecure. She also categorized insecure attachments into three distinct types. In the *secure attachment pattern,* the infant feels safe, protected and provided for. The infant uses their mother as a stable home base. The infant actively and independently explores the room when the mother is gone, is welcoming of strangers, and are happy to be reunited when the mother returns.

There are three types of insecure attachment: ambivalent attachment pattern, avoidant attachment pattern, and disorganized-disoriented attachment pattern. In the *ambivalent attachment style,* there are positive and negative reactions in the infant. This is when the infant is anxious and uncertain whether others can be trusted. When the mother leaves the room the infant becomes fretful and shows separation anxiety. The infant does not explore things. The infant is wary of strangers even in the mother's presence. There is a lack of trust. They show an inability to be settled by parents when they return to the room. The second is *avoidant attachment*. This is when the infant is uninterested in exploring and shows little distress when the mother is away. They avoided or distanced themselves from their parents. They explore without using the mother as a base of operations (Kaplan, 1998). The third type of insecure attachment style is the *insecure disorganized-disoriented*. The infant demonstrates many different behaviors.

They appear apprehensive, depressed, and confused. Their behavior can be contradictive and inconsistent.

Infant attachment affects later behavior. Secure attachment is foundational for healthy psychological development. Studies show that infants who are securely attached become more enthusiastic and less frustrated; they are more socially and cognitively competent toddlers, they are more cooperative and compliant, and they show fewer negative emotions (Kaplan, 1998). The degree and quality of early attachment continues to impact future peer relationships. Research further suggests that positive social adjustment in adulthood is developed by healthy peer-relations during childhood (Paplapia & Olds, 1995). Furthermore, throughout childhood development, there are multiple variables in a child's development, such as the development of skills and attitudes. Another basic concern is other influences such a child's temperament, the parents' martial relationship, stressful events, cultural factors, and so forth (Kaplan, 1998).

Adult attachment styles. Although romantic relationships differ from parental relationships, the relational aspect offers the same needs for adults as parents do for their children. Researchers have found that secure attachment provides the basis for solid marital development. Securely attached adults are more satisfied with their close relationships than insecure attached adults. In times of distress or stress, they are able to cope effectively. They have a cognitive representative of security (Mikulincer & Shaver, 2007). They have the ability to regulate their emotional responses and have a well-integrated sense of self-acceptance and self-esteem.

How do attachment styles specifically relate to adult, romantic relationships? The relationship between love and attachment is taken from ethology. Love, according to Bowlby, is an "affectionate bond" (1979). There are parallels between infant attachment and romantic love. Behavioral and emotional similarities are present in both types of relationships—infant caregiver and adult partners. This includes smiling, holding, eye contact, and a desire to make discoveries and reactions with the other. He suggested that the most intense emotions arise during the development of attachment bonds. The formation of the attachment bond includes the maintenance, the disruption, and the renewal of attachments. The attachment relationship involves feelings such as affection, anger, sadness, fear, and security. This would also include corresponding behaviors and behavioral tendencies toward those feelings.

Mikulincer and Shaver (2007) posit that couples with insecure attachment styles have a higher risk of relational problems. For instance, when a person with an avoidant attachment style marries a person with an anxious attachment style, conflict may manifest when the anxious partner makes a demand for closeness and the avoidant has the need for distance. The anxious-avoidant pairing can produce abuse and violence when one tries to change the other's behavior. In this pairing dynamic, it is noted both partners can be unhappy in the relationship. Researchers have discovered when both partners have anxious attachment style, the pairing produces dissatisfaction. This pairing can ultimately lead to mutual attack and misunderstanding.

Adult attachment styles are stable, but an individual can change his or her attachment thinking. Still, attachment insecurities have been connected with relational

problems. There are other factors that contribute to relationship satisfaction (Mikulincer & Shaver, 2007).

Psychological Perspectives Regarding Family

Family Systems

It is from family of origin that formational relationships are developed, and our understanding of life and the world is created (Carter & McGoldrick, 1999). It is through the family that we develop, grow, and interact with our world. In the family context, our identities and personalities are formed. All of the past and present aspects of our families' multigenerational influences affect who we are as people and who we will become as people. The residue of the family's impact can neither be minimized nor ignored. Problems are formed within the contextual confines of the family; present realities are manifested, and future expressions of our life are articulated (Carter & McGoldrick, 1999). In a sense, we are the sum total of all the influences, impartations and instructions of our family of origin. Scripture teaches this relational concept, "for none of us lives to himself alone and none of us dies to himself alone" (Romans 14.7). Of course, some scholars would argue the context of the verse reflects one's relationship solely with God. Yet in further review, the hermeneutical principle of "interpreting scripture with scripture" would support the internal evidence; this verse speaks of all interdependent relationships: God, family, society, and community. For the Christian, each action and behavior is viewed as systemically affecting others in community and life (Moo, 2000). We are all interconnected and interrelated in life-span development, especially as it relates to our personal family life. So, from the cradle to the grave, there is an indelible imprint of our family origin: the good, the bad, and the ugly.

It is from the theoretical framework and backdrop mentioned above that family systems perspective sets the stage for understanding the complexities of life. Insight and enlightenment of the individual is found in the context of families' systems as no one can be fully understood in isolation. Systems theory is a holistic approach in seeing and thinking about issues and problems, where interpersonal regularities and patterns are acknowledged (Becvar & Becvar, 1999). It has been noted that this systems approach is a shift from an individualistic to a collective approach in how we think about relationships (Nichols & Schwartz, 2001). This, once again, is supported by the Bible from the Genesis account to the book of Revelation. God created man to be in a system of community. "It is not good for man to be alone" (Genesis 2:18) shows the basis of relationship and interconnectivity planned in God's economy. The Bible, which includes myriad stories of families, is a mutigenerational book that shows the interconnectivity of life patterns.

Basic assumptions of family systems. An individual cannot be fully understood apart from his/her context.

There are several key principles in family systems that are essential to understanding the constructs of family systems theory. One principle is that the *individual cannot be fully understood apart from his/her context.* There are networks of relationships with which a person is embedded and involved. The individual is connected to living systems. There are differences between individual therapy and family therapy. Both have their place in the helping profession, but have unique ways of treating and understanding human behavior. The focus of individual therapy is on causes, cognitive and emotional processes, as well as the individual's experiences and perspectives (Corey G. , 2009). However, a systems therapist would not deny the importance of the individual

in the process of treatment, but believe that systemic influences exert significant power in an individual's life. It is through working with the whole family, community, and subsystems that the therapist can discover how the individual acts within the context of the system. From the place of knowledge, the therapist can make the appropriate inventions and treatments (Corey, 2009). The systems approach will explore the family system, including the rules, practices, and behaviors, and will perhaps create a genogram. Treatment may involve an individual, but ideally will include a subsystem or the entire family. Multigenerational aspects are given attention, including culture, gender perspectives, traditions, and schemas (Corey, 2009). Discovering systemic issues/problems can ultimately create new dynamics that allow the family to function in healthier ways. The basic assumption is that any behavior of an individual affects the whole system of a family (Switzer, 1986). How the family responds to new behaviors or changes in patterns of the family system or to one another may be initiated by what was learned in the past. How a family responds may or may not be effective and beneficial to the whole family system.

Living and moving organism's dynamic. Families have a *living and moving organism's dynamic*. It is important to note that families are made up of relationships of shared history and a prospective future. As a family moves across the spectrum of life, there are transitions that they go through. There is a constant flux of relationships between siblings, parents and other significant family members. The changes in boundaries, birth, death, marriage, and so forth may change and shift. Relationships and roles are defined and redefined. Due to the complexity of the way a family is organized, it is difficult to think in a linear way. The cause and effect way of thinking is an inadequate

means of understanding the movements. With the non-linear thinking approach, there is an understanding of the emotional variables and processes in the system (Friedman, 1985). This method of thinking—non-linear—tends to be more focused on the emotional process over the symptomatic content (Friedman, 1985). It is through such a feedback loop that predictions can be made and there can be evaluations for change in the system. The execution of change takes place in observing the structures of the system and making the necessary modifications in the structural system. This approach can help to change any dysfunctional aspect or part in the family systems. Location of the problem can be found in the structure of the system. The directive is not on changing the nature of the issue but the functionality. In focusing on a particular part of the system or sub-system, one might determine its position in the system. Problems are solved by identifying the symptom as the *identified patient*. This is the individual that the families' pathology and trauma has surfaced (Friedman, 1985). The identified patient is not to be isolated from the family relationship system. Family systems perspective uses concepts and tools to effectively change the dynamics of the family and bring wholeness to the overall system.

Circular causality. Third, to amplify our understanding of the above concepts, *circular causality* is a reciprocal or circular notion of understanding the dynamics of the family systems (Becvar & Becvar, 1999). This is a feedback loop. Family therapists give attention to the processes, patterns and interactions which influence the systems. Behaviors are manifestations of interactions and influences within the system; this notes that responsibility exists only in a bilateral or mutual process. Circular causality suggests that problems are sustained by the constant actions and reaction. The helping professionals does not have to find the first causes to resolve the issues (Nichols &

Schwartz, 2001). The change of the individual influences impacts every member of the system.

There are family patterns that demonstrate this principle. *Distancer-pursuer*-dyad is a role taken on by family members. One may desire for closeness (the pursuer) and the other party may desire distance (distancer). This pattern may take form in a variety of relationships: parent-child, husband-wife, girlfriend-boyfriend, and so forth. The therapist can determine the cycle taking place and readily note that both patterns cause the other. The circular matter in which relationships impact each other determine the behaviors. The *overfunctioner-underfunctioner* dyad is another feedback loop. The overfunctioner is responsible. The underfunctioner is more spontaneous and free-flowing. Each party desires adjustments in the other's behaviors. Like the distance-pursuer dyad, there is a cycle started and sustained by the process. The therapist is wise to observe the predictability of the members involved. The processes will give a clue to what is occurring in the family system. The focus should be on the "how" questions and not the "why" questions. The interactions and how the family communicates can be the defining point on which intervention takes place.

Boundaries. Fourth, *boundaries* and open/closed systems are defined by patterns of behaviors in the system. Membership in the system is determined by boundaries. There are three types of boundaries: clear, rigid, and diffuse. The permeability of the system is determined by the type of boundary utilized by the family system. Clear boundaries are firm and yet flexible. Rigid boundaries are susceptible to disengagement. This can be problematic. Rigid boundaries may foster independence within the family system but lack emotional warmth and cohesiveness. Diffuse boundaries are susceptible to enmeshment.

Enmeshment may produce a sense of mutual support but lack healthy autonomy and interdependence. Extremes of the continuum of rigid and diffuse boundaries can be problematic for the family system. It is important in systems thinking to appraise and interpret the boundaries to determine the overall health of the family system. There are variables in the boundaries, and they may shift based upon family stress or crisis. Systems perspective is fully aware of the dynamics of the boundary issues, carefully observing the inputs and outputs of the family systems.

Opened and closed systems. Fifth, *opened and closed systems* refer to the nature of the boundaries that are set with an outside system (Becvar & Becvar, 1999). This should be determined by the context of the situation or the problem. Based solely on the system's ability to change and adjust, the appropriate degree of openness and closeness can be accommodated.

Homeostasis. Sixth, *homeostasis* is the system's ability toward stability (balance), self-correction, and preservation (Friedman, 1985). The system self-adjusts to maintain its equilibrium, e.g. thermostat. There are challenges to homeostasis. The major changes in life cycles, birth, death, marriage, illness can cause a disequilibration in the family system. The adaptability of the system is an important component for the system to maintain its identity.

Family roles and rules. Seventh, *family roles and rules* determine expectations of members of the family. Rules are important indicators of the regularities and regulations in the system. They can be hard to ascertain and to discover. The therapist is to help and aid the family to evaluate and analyze the rules. Since, rules govern behavior in the system, it is valuable insight for the therapist to note the rules that can define the

homeostasis limits. Enforcing rules in the family system can take on different kinds of feedback such as punishment, honor, guilt, and the like. *Roles* in the family also determine expectations. There are various roles played out in the family. Some are typical, such as husband and wife, and some are not so typical, such as victim and martyr. The roles do not exist in a vacuum. They are dependent on one another. The overall dysfunctional and functional aspects of the family system can clearly be observed by understanding the roles.

There are many other concepts to family systems theory, but these are the ones that stand out and are helpful to the basic understanding of theory systems. Systems theory is a mindset. It is a new way of thinking and seeing. The systems perspective is an art form, perhaps more than an exact science. It is a way to think about problems in light of the whole and not just the parts. In a sense, a person with this theoretical framework would and should become more compassionate and less judgmental in their profession. System perspective maximizes a broader and more comprehensive focus of concern. When a therapist realizes the scope of all that is involved in a person's problems, life, and development, it is a great help.

Family Life Cycle

Families have an ongoing life cycle. There are no two families that are the same; they vary in multiple degrees. Even so, there are common features that most families share. Families reorganize to adjust to growth and change. The developmental process in any of the family's generations may impact one or all of its members (Santrock, 2008). During each stage, symptoms may arise at points of transition in the life cycle. For the

therapist, it is important to recognize that families often develop problems during transitions and turning points in the life cycle (Nichols & Schwartz, 2001).

Launching stage. The first stage is leaving home and accepting emotional and financial responsibility. This is called the *launching.* It is a time when a young adult moves into adulthood, thus, leaving their family of origin (Nichols & Schwartz, 2008). When the launch transition is successful, the young adult stays emotionally connected with his or her family of origin, while formulating life goals, and forming his or her own identity. If the transition is not successful, either a person will remain closely connected to home or will distance him or herself from home (Santrock, 2008).

The next step is the time when the young adult determines what to take from his or her family of origin and begins to implement what resources he or she has discovered apart from the family system. This period involves a differentiation of self in relation to the family of origin. At this point in the process, the young adult assumes work and financial independence. Furthermore, the young adult goes on to form meaningful relationships with peers and to find personal purpose.

Changes in one generation may complicate adjustments in another. For instance, difficulties may arise when an adult-child returns to the family of origin after a divorce, during a financial downturn, or in the midst of other problems like addictions, and the parents find themselves dealing with a second parenthood (Nichols & Schwartz, 2008).

New Couple. The second stage in the family life cycle involves marriage and the uniting of two-family systems to create a third system. During this stage, there is the realignment of relationships with extended family and friends to include spouse (Carter & McGoldrick, 1999). This stage includes changes in the gender roles, forming of the

marital dyad, and adjustment to relationships with the family of origin. The couple works on defining their new relationship from a marital perspective.

Families with young children. At this stage, there is a transition for the adults to move up a generation by accepting members into the system and thus becoming caregivers. As they move through this stage as new parents, they will discover what it takes to develop a child through commitment, time, and guidance. Couples face new challenges of child-rearing by assuming the responsibility and roles as parents along with household and financial tasks. Concerns also may arise around their competencies, as well as a refusal or inability to function as a skilled parent. Additional realignment issues emerge with respect to relationships involving parenting and grandparenting roles (Santrock, 2008).

Families with adolescents. During this fourth stage, adolescence is a period where an individual pushes for autonomy and seeks to find his or her own identity. This involves adolescents' attempts to secure their own identity, which take place across several domains. The parents, during this lengthy process, may become too rigid or too permissive; neither is healthy for adolescent development. For the parents, a healthier approach is to focus on adjusting boundaries to allow more flexibility within the family system. At this stage, the adolescent begins to move in and out of the family system finding his or her own identity and self-differentiating. The couple subsequently refocuses on mid-life marital relations and career issues. There is also a shift toward caring for the older generation.

Family at midlife. During this fifth stage, it is time to launch the children and move on with a new phase of life. In this phase, the family assumes multiple exits and

entries into the family system. This season includes adapting to mid-life changes, linking the generations, renegotiating the marital relationship, and aligning with new relationships with in-laws and grandchildren. Additionally, there is the challenge of dealing with aging and ailing parents (grandparents) and their ultimate death.

Family in later life. The sixth and final stage accepts the shifting generational roles. This is the phase where the family faces physiological decline with self and others. It is time to maintain self and/or the couple's functioning and interest, while adjusting to the children taking a more significant role in maintenance. There is also the valuing of wisdom and experiences of the elderly and exploring new familial and social role options. Ultimately, there is dealing with the loss of the spouse, siblings, and peers, while preparing for death.

In conclusion, this chapter reviewed various psychological perspectives on marriage and family. While the subject under discussion is inexhaustible, the focus of this chapter included certain aspects that are pertinent to the establishment of a theoretical framework to support and frame the course of this paper.

In light of chapter one, God's intent for marriage and family is to be a "community of oneness" set forth for His divine redemption purpose. This chapter starts with mate selection, which is essential in establishing a marital dyad and forming a family. It is the foundation for understanding all aspects of the family life cycle. Exploring different mate selection theories provide insight on how a marital dyad is formed. Further study is given on two of the theories of romantic love. Love is the cohesive bond that produces passion, and commitment. It is a vital component to understanding intimacy and its impact on marriage and family dynamics. The attachment

behavioral system section shows how humans relate to one another. The attachment behavioral system reveals how people develop relationship styles, and how these styles will impact future relationships.

The family systems section demonstrates how the family is viewed through the whole family systems. This theory reveals that individuals cannot be understood in isolation from one another. Families are interconnected and interdependent individuals who can only be understood in light of the whole family system. The chapter closes with family life cycle stages. Moving through time families must reorganize to accommodate to the growth and change among members.

CHAPTER THREE

AN INTEGRATIVE PERSPECTIVE

The integration of psychology and theology embodies the best of science and faith. As mentioned in chapter one, the integrative perspective is the relating and linking of theology and science. The main task for the integrationist is to learn to think and process faith through a psychological lens and psychology through the lens of faith. Historically, there has been at times a strained relationship between these two disciplines, and this has produced a mutual suspicion and disrespect between theologians and psychologists in some circles. Even so, integrative perspectives demonstrate how the disciplines are mutually enhancing. This investigation assumes that the common ground of understanding can be found in integrating "the unity of truth," which involves the discovery of truth through both general (scientific observation) and special revelation (the will of God revealed in the Bible). This paper will demonstrate the value of integration through interrelation of knowledge gained through both creation and the Holy Scriptures.

The Foundation of Integration: God's Revelation to Humankind

For the Christian integrationist, it is understood that the Scripture is the final authority for truth (2 Timothy 3:16-17; 2 Peter 1:20-21). God has chosen to reveal himself through special revelation as discovered in Scripture and the work of Christ. This includes the rule for faith and conduct for man and the wisdom by which one can live in harmony with the Creator (Deuteronomy 1:7; Proverbs 4:6; Colossians 2:2-3). Likewise, it is through general revelation that God gives information through the scientific data and the study of the natural order.

In theology, it is through God that all revelation comes. God is the source of knowledge concerning himself, His ways, and His truth. Revelation is the means by which God discloses himself to the world. The Greek term for revelation is "*apokalypsis*," which means uncovering or unveiling. It is through revelation that the mystery of God is known. As mentioned in chapter one, the underlying foundation of all Christian integration is "all truth originates from God" as found by general and special revelation. God makes himself known through creation and the conscience. That is, God has spoken truth externally in the created order and internally in the conscience of every individual (Romans 2:14-15).

General Revelation

General revelation includes three traditional areas of study: nature, humanity, and history. First, general revelation in *nature* provides an understanding that God gives in all of his creation knowledge of himself. That is, through the medium of creation, the heavens and the earth, God manifests himself. The psalmist states, "The heavens declare the glory of God; the skies proclaim the work of his hands…" (Psalm 19:1-2; cf. Psalm 97:6). The implications of some of God's greatest attributes are readily known and observed in creation; His person of power and beauty is evident through the creative order. The details of God's handiwork, the beauty of a sunset, the vast mountain ranges, and the complexities of organisms are in nature ready to be discovered.

Second, general revelation is provided in *humanity*; in humankind God is revealed. People are made in the "image" and "likeness" of God and are His highest creation (Genesis 1:26; Psalm 8). Humans are the mirror of God. In the physical make-up

and mental capacities, as well as the moral and spiritual qualities, God is seen in humankind.

Paul speaks of the laws of God written within the heart of man, thus showing his character (Romans 2:11-16). According to the Scripture, humans can think, imagine, feel, act, and exercise dominion over the earth. Further, the third general revelation comes through *history* as God is manifested in the workings of history (Job 12:23; Psalm 33:12; 47:7-8; 66:7; Isaiah 10:5-10; Daniel 2:21; Acts 17:26). History shows the imprint of His activities and movement toward certain goals and events. Scripture teaches that through His righteousness, God will ultimately prevail over unrighteousness. An example of God's revelation in history is His keeping of the nation of Israel.

In sum, the living God reveals himself in nature, humanity, power, kindness, and righteousness in order that all may know Him (cf. Acts 14:15-17). Paul states in Romans, "It is through the creation of the world God's invisible qualities—his eternal power and divine nature—have been clearly seen, being understood from what has been made, so man is without excuse" (1:20). The truth of God that comes through general revelation is available to all.

Special Revelation

While general revelation demonstrates that God is the creator, because of the fall, creation is distorted and does not provide a completely accurate representation of God (Romans 1:18, 21-23). General revelation simply does not fully reveal God as Redeemer. God gives to humanity a special revelation through the Scripture to carry His wonderful message of good news (John 3:16; 2 Corinthians 5:18-19). God has executed a plan of redemption for humanity revealed by the Scriptures.

Through special revelation, God comes to people in their sinful plight and manifests himself (Romans 5:8-10). Accordingly, God has manifested himself to particular people at different times and places (Hebrews 1:1-2). This special revelation culminates in the incarnation of God's Son, Jesus Christ. In John 14:9, Jesus says, "He who has seen me has seen the Father." The incarnation of the Son of God is the heart and center of God's solution for humankind (John 1:1-4, 14). It is through the Son of God that moral guilt is effectively solved. Through Christ's sacrifice, God's moral laws are satisfied, and spiritual regeneration is provided for humanity (2 Corinthians 5:17). It is through Christ that God reveals himself and effects reconciliation, which results in the forgiveness of sins and a personal redemptive relationship with Him.

The second major component to special revelation is the verbal aspect. God gave His law through Moses, and He communicates through Jesus Christ—along with the apostles and prophets (John 1:18-19; 5:39). Through verbal communication, God reveals His character, and He explains His redemptive plan to humankind (1 Corinthians 15:3). It is assumed for the Christian integrationist that the Scripture is normative for all Christian thought.

Models of Integration

As the above sections have described, general and special revelation hold merits unique to understanding God's means of disclosure. However, utilizing specific models of integration enable one to unite in coherence general revelation, which represents psychology and special revelation, which represents faith. The integration of psychology and theology is an ongoing dialogue about the value of psychology for the Christian and about the challenges psychological study presents to the Christian faith. The topic of

integration is complex, and therefore, various models will be defined and described. The specific models that will be discussed are Transformational, Levels of Explanation, Integration, Christian Psychology, and Biblical Counseling (Johnson, 2010).

Transformational Christian Psychology View

This approach attempts to rethink and rediscover psychology in relation to Christianity as an act of love. It attests that ancient church fathers, theologians, and scientists provided insight into the relationship between spirituality and knowing: "In your light, we see light" (Psalm 36:9). Many of these past insights were discarded by secular and modern psychology. Hence, this approach argues for a spiritual transformation to psychology, and the spiritual-emotional transformation of the counselor is viewed as foundational. Personal transformation provides an understanding and a pathway of development for the counselor to serve in the process, methodology, and product of psychology by the Spirit (Coe & Hall, 2010).

The direction of this view points to the spiritually transformed counselor doing "science" intrinsically as a single act of faith and love (Galatians 5:6b). The uniqueness of this approach is that it mingles both the act of faith and the act of observation and reflection on creation into one. This single unifying action is accomplished "by loving God in the object of science and the objective of science in God" (Coe & Hall, 2010, p. 207). Christian counselors practice psychology in a scientific tradition that is naturalistic and reductionistic toward spiritual and ethical values. This approach endeavors to include observations and reflections on every relevant source including Scripture, creation (study of persons), and preexisting scientific/ theological/psychological reflections and theories (Coe & Hall, 2010).

The foundations of the Transformational psychology view include “doing psychology within a tradition” (Coe & Hall, 2010, p. 201). This means doing science that is open to truth while being mindful of science's historical claims. It is a way of doing science that respects the past while not dominating the present application of science. Second, the central vision of doing psychology within the tradition holds a secondary role, while the primary role is doing psychology anew in the Spirit. The goal is for each generation in the Spirit to allow *reality* and *faith* to shape this undertaking, that is, to do psychology in faith. Third, transformational psychology is doing psychology in reality and the realities of faith. These are the essential relevant sources. This approach attempts to ascertain first an understanding of the person and the process and it is driven less by theory and tradition. Through this process, it is doing psychology established in reality. This would include the realities also understood by faith (e.g., original sin, the work of the Holy Spirit, the demonic). Fourth, it is doing psychology as a single, yet complex unified vision in faith. It does not exclude Christian realties from its scope of investigation. The two mutually exclusive areas of faith and psychology form their own methodology. This approach is not patchwork; it is blended into one nice methodology. Five, it is doing counseling as a science, both descriptive and prescriptive. Transformational psychology affirms with Scripture that psychology provides prescriptions and wisdom for living. It notes that wisdom for living can come through observation and reflection upon the natural world and order (Proverbs 8:22-31; Romans 1:20).

Given the newness of this integrative approach, critique is still forthcoming. One of the positive features or strengths of Coe and Hall’s transformational integration view is

its promising model for those of the Christian tradition who emphasize the role of the Holy Spirit. This approach has a clear commitment to biblical authority along with its view on human nature, and it supports the major tenets of the Christian faith. It further affirms objective reality exists independent of our perceptions (Jones 2010). Some of the concerns as presented by Moon (2012) are the following: (a) uncertainty as to the meaning of what it is to rethink science itself, (b) possible leaning toward elitism in the psychologist's need for transformation, and (c) a lack of clear articulation on how it offers practical application to Christian counseling.

Because of its strengths, the transformational Christian psychology model presents a solid scriptural support of the tenets of faith that are essential to Christian discipleship and spiritual formation. For the Christian counselor, this model is an attractive approach to integration in that it accomplishes a healthy augmentation of pre-scientific/psychological data and theology. Furthermore, it adds the spiritual-emotional transformation of the counselors, which demonstrates a dependence on the work of the Holy Spirit in both the life of the counselor and the counselee. This perspective is consistent with the biblical teachings on the Holy Spirit who is at work to transform individuals into the image of God, and to satisfy his highest purpose and will (2 Corinthians 3:17-18). Further, the work of the Holy Spirit imparts spiritual life in order to walk in Christ like graces (Galatians 5:22-23). Through this model, a Christian counselor expands his or her approach beyond solely the sciences to embrace the psychology in the Spirit.

This particular view seems to adequately align with God's general and special revelation to man. The theme of love and faith within the context of the empowerment of

the Holy Spirit is consistent with the teachings of the Lord Jesus and the letters of Paul, especially his teaching on the empowering presence of the Holy Spirit. The work of the Holy Spirit is in the *now*. He is the agent of transformational change, and this is essential for the Christian therapist. Although other theories having their unique merits are listed below, this model presents a more spiritually holistic approach honoring psychology and science and centering the therapist's focus on personal spiritual transformation as well as the client.

For instance, in view of the present reality of the Holy Spirit, applying EFT with its humanistic-experiential approach would appear for the therapist who is mindful of the Spirit's work, there could be greater gains in applying this integrative model to therapy. Further, this integrative approach is consistent with the theme of the community of oneness. According to Scripture, the Holy Spirit's work is toward "the unity of the faith" and to make every effort to keep the unity of the Spirit through the bond of peace (Ephesians 4:3, 13, NIV). In other words, the result of His work is unity (agreement, oneness). Furthermore, as stated earlier in chapter one, love is the cohesion of marriage and the family. Faith is the key to all things from God the Father, for "Without faith, it is impossible to please him…" (Hebrews 11:6b, NIV). It is logical to do science as an act of love and faith. It is the position of this paper that the transformation integration model is most consistent with the theological and psychological themes as presented.

Levels of Explanation View

The first model that will be discussed is the Levels of Explanation view (LOE). This perspective contends that humans are best understood in terms of hierarchy or levels. For instance, this model posits all levels of reality are important: theology,

psychology, biology, chemistry, physics, and the like. Each discipline is unique with relative complexities that should not be confused with the complexities of any other discipline. This approach maintains that each discipline is accessible through different methods of study. Therefore, each discipline should be kept distinct to avoid confusion.

Regarding theology and psychology, LOE assumes there is a sharp distinction between the multi-layer levels of reality and that faith should not impact the other levels of reality. In short, this approach asserts that to bring theological thought into the science of psychology undermines scientific objectivity and integrity in its methods. It maintains science is best when properly conducted as a discipline by itself.

Per Johnson (2010), some of the strengths of LOE include the following: (a) it produces serious scientific research, (b) it allows a scientist to contribute to research regardless of worldview, (c) it avoids biblical misinterpretation, and (d) it has helped to shaped contemporary psychology on issues such as forgiveness, values in therapy, and psychology of religion. It should be noted that this approach is problematic for Christians with a high view of the Bible. There are weaknesses with LOE for the Christian integrationist: (a) there is prevention of exercising one's worldview (except for secularist worldview); (b) LOE excludes the Bible from contributing to psychology, and (c) it can lead to the development of syncretism and the cultivation of modern values.

The Integration View

The integration view posits that biblical theology and psychology are concerned with similar issues, such as human nature. Both disciplines attempt to address what is wrong and how to make it right in a valid manner. The methodology used to study human nature involves two different tools, general revelation and special revelation. The

integration view combines scientific data/insights with biblical data/insights. If there are differences, the Bible holds precedence given God is the origination of truth. Contrary to LOE, the Bible is used to critique modern psychology.

The major goal of this view is that Christian faith and contemporary psychology should relate. The majority affirm an interdisciplinary integration—blending the two disciplines into a harmonious unit of thought. Additionally, this view recognizes that the Christian faith has something important to contribute to psychology and that it should be properly interpreted through the lens of a Christian worldview.

The strengths of this view are the following: (a) scientific research is taken seriously; (b) it allows Christian faith to reinterpret psychology, and (c) it recognizes God's role in general revelation—culture and science. One weaknesses of this view is its dualistic separation between biblical research and research of human beings. Furthermore, this model assumes modern psychology is the legitimate version of psychology, thus allowing secularism to set the agenda for psychology. Per Johnson (2010) when integration is poorly done, it undermines the lordship of Christ and the impact of redemption, notably in respect to counseling. It may also minimize the distorting effects of sin on our understanding.

Christian Psychology View

This view posits that psychology is native to Christianity and is already part of the historical faith tradition (Roberts & Watson, 2010). This model draws upon the rich insights of soul care/well-being and virtues from the teachings of Jesus through the early church fathers. It also notes that positive psychology has recognized the value of the Greek philosophers Plato and Aristotle as well as sages in China and India as contributors

to psychology. Their argument presents that psychology is more than a century-old discipline as it takes on the broader scope of 2500 years. Today's modern psychology stems from these ancient sources. For example, the Epicureans practiced psychotherapy that was similar to Freudian psychology (Roberts & Watson, 2010). Like contemporary therapists, they thought in only temporal terms of life and maximizing the pleasantries of this life.

Johnson (2010) presents that the main agenda of the Christian psychology view is distinctively Christian in respect to psychological theory, research, and soul care practices. This model draws insight from biblical truth as well as intellectual faith traditions. The Christian psychology view also assimilates relevant sources of psychology, human experience, research, philosophy, and other human sciences. The goal is understanding God's will for human nature from the many Christian perspectives. Even so, Christian psychology does not differ significantly from modern or post-modern psychology.

Where the psychological view is worldview dependent, the Christian psychology view will differ from modern or postmodern psychology. The areas where it is not so worldview dependent are biological mechanics, psychological mechanics, and social processes. The areas that are worldview dependent are personality structures/processes, psychopathology, healing of the soul (psychotherapy), human nature, and complex social phenomena such as love, relations, ethical and spiritual dynamics.

The Christian psychology view adheres to major Christian tenets of faith such as God at the center of human life. Humans are placed in the grand Theo-drama in which the triune God is manifesting His purpose and glory. The storyline of this drama is

summarized as creation, fall, redemption, and consummation. Furthermore, Christian psychology understands and embraces a four-dimensional model of human life: spiritual, ethical, psychological, and biological. This model is a multi-level, holistic model of human nature.

The overall strength of Christian psychology is that it is a strong critique of modern psychology. One concern with the Christian psychology view presented by the integration response is the basic assumption that Christian psychology is a singular entity. Another concern is that this approach's exposition of Scripture is limited and not properly synthesized to the whole of Scripture (Jones, 2010). The Biblical counseling view notes that this approach grants too much power to the experts in counseling. Additionally, the Biblical counseling view asserts that psychological insights are tainted by underlying false worldviews.

Biblical Counseling Model

This model criticizes modern psychiatry and psychotherapy as being pervasively secular. It posits that the deterministic understanding of psychopathology and human centered therapy is opposed to Christianity; therefore, any psychological insights need to be used cautiously. In general, it attests that modern psychology does not fit with biblical revelation (Keller, 2004). This model puts great emphasis on behavioral change, and living patterns are to be in accordance with Scripture. The fundamental feature of this model is the commitment to Jesus Christ as Lord and to the authority of the Scriptures and the reflection of truths found in general revelation.

According to this model, "Christian faith is psychology" and "Christian ministry is a psychotherapy" (Powlison, 2010, p. 245). This model posits that Scripture offers

through the revelation of Jesus Christ distinctive interpretations that deal with the thoughts and intentions of the heart that affect human behavior. Additionally, Scripture offers insight concerning "nature" referring to the biological inheritance and "nurture" to its environmental experiences. With this view, there is a systematic difference between the Christian understanding and how other psychologies explain the same things (Powlison, 2010).

The Biblical counseling view recognizes three underlying assumptions from the Nicene Creed (Powlison, 2010). With the Biblical counseling model, each of these assumptions has a psychological reality. First, *God is the maker of all that is.* As individuals, we are handmade by the Creator who is a Person. It is important for human beings to know and love this Maker. The psychological implication is that "knowing this Maker" brings a sense of sanity to the heart, soul, and mind. Second, the Lord is *judge of the living and the dead*. As humans, we are thoroughly known and evaluated. The innermost thoughts and intents of the heart and all other details of life are open before the Maker. He misses nothing and considers all things (1 Chronicles 28:9; Hebrews 4:13). The psychological reality is that a person will either love God or something else. People will choose to follow the God of the Universe or their own autonomy. Three, this model believes that *Christ came down to save humanity*. Humans are not left to themselves and to their own destiny. All that is wrong can be made right by Christ. The restoration of human beings involves the restoring of the primary relationship with God. By implication, the restoration of humanity is a psychological reality. This approach asserts it is essential to understand the Maker, Judge, and Savior to comprehend psychological functioning of humans.

The Biblical counseling view accepts the revelation of Jesus Christ as Lord and demonstrates commitment to the authority of Scripture. This approach presents a robust critique of modern psychology. Some criticisms of the Biblical Counseling view are as follows: (a) it may appeal to exhortation over loving and listening, (b) it may be more confrontational than comforting, (c) it identifies behavioral patterns without exploring deeper motivational issues, and (d) it may not explore the complex relationships between physiology and behavior (Keller, 2004). Further, it does not seek resources from scientific and professional psychology that may supplement and complement Christian perspectives. The Biblical counseling view does not recognize the value of science and wisdom made known through the natural order, that is, general revelation.

Integrative Themes in Key Models

As previous sections have discussed the value of theological integrative models that bridge faith and psychology, psychological integrative models will now be explained in order to further unify psychology and faith.

Integrative Themes in Family Systems Theories

The concepts of family systems are discoverable by observing creation and its ongoing processes. When God created the heavens and the earth, He did so by organized systems. Subsequently, God brought order out of chaos: “In the beginning God created the heavens and the earth. Now the earth was formless and empty, darkness was over the surface of the deep, and the Spirit of God was hovering over the waters” (Genesis 1:1-2). In doing so, God created systems, a collection of parts that connect and interact. He created every living thing (Genesis 1, 2). According to Steinke (2014), “System thinking is basic to understanding life processes” (p. 4). These systems are continuously

interacting with one another in complex patterns. For example, on a micro-level atoms are systems of energy, and on a macro-level the universe is a system of stars and planets, and so forth (Nessan, 2000). On a human level, emotional systems are derived from genetics and intergenerational learning. It is the aim of family systems to help repair relationships and to establish a homeostasis—self-correction, preservation. The therapist systemically works toward wholeness by understanding the processes of how the parts interface and affect each other.

Family systems theory is relational dealing with both family unity and plurality. This concept involves observing the ingrained patterns of how individuals relate to one another. These interpersonal dynamics are derived from the family of origin. For the therapist, systems theory focuses on the interactions that occur between members of the system. An individual is best understood in the context of the family, not in isolation. It is through assessing the individual's interactions with the entire family that the functionality of the system is observed. There are compatibilities between systems theory and the Christian faith. For example, theologically, the persons of the Trinity are a single system. The oneness of God is comprehended as a community of three Persons—Father, Son, and Holy Spirit (John 17). Each person is self-differentiated from the others. The three cannot be comprehended apart from the unity of the entire system. Hence, the similarities between the Trinity and family systems relationships are apparent. The Trinity view reflects both unity and distinction, mutuality and love, which is the foundation of human relationships.

Human beings were created in the image of God; that is, they reflect something of God that is not in the rest of creation (Genesis 1:26-27; 5:1-2; Psalm 8:5-8). They are

spiritual beings He could have a relationship with and who also could relate with one another. According to Erickson (1998), God's image is divided in three views. The *functional view* is that which is revealed in human behavior in management of the creation (Genesis 1:27-28; Psalm 8:5-8). This presents humans as exercising dominion over the creation, an "image of God as Lord" (p. 528). Second, the *structural view* emphasizes the psychological and spiritual qualities of God in human nature, most notably reason. This includes the moral component of God's image. Third, the *relational view* stresses that humans reflect God's image when they are engaged in loving relationships with God and others.

Christ represented these three perspectives of God's image (Colossians 1:15-20). He showed the functional view by relating to the creation effectively; this includes the management of behavior. The structural view is revealed in Christ by His rational and moral abilities. In respect to the relational view, Jesus related to God and man; "Jesus increased in wisdom and stature, and in favor with God and man" (Luke 2:52). He cared for the poor and disenfranchised and modeled love for God and neighbor (Matthew 22:37-38).

The aspects of God's image afford humans the ability to self-differentiate while at the same time being a part of a system. Each person can be free to be his or her own self while staying connected to others in a community. Given that humans are created in the image of a relational Trinity, it is through the functional, structural, and relational image of God that the family can work through to wholeness. One of the chief aims of family systems is moving the family to a state of well-being.

The family is used as a metaphor for the church, and the church metaphor is the body. Paul describes the church as a human body in 1 Corinthians 12:12-13, "Just as a body, though one, has many parts, but all its many parts form one body, so it is with Christ. For we were all baptized by one Spirit so as to form one body—whether Jews or Gentiles, slave or free—and we were all given the one Spirit to drink." The import of what Paul was communicating is that all parts of the body are required for it to be a body in unity. Each member of the body has intrinsic value and purpose in the functionality of the body. It is when each member properly performs his or her responsibilities and roles that there will be cohesion and a community of oneness. The same is true of the family. The systems approach helps to identify the roles of each member as well as the implicit and explicit rules within the family. The Apostle Paul refers to the systems of the church (body of Christ), noting that it is fitted and held together according to how each member corresponds to each individual parts. Accordingly, the individual parts and roles determine the whole functioning of the body (Romans 12:4, 6-8; 1 Corinthians 12:27-30; Ephesians 4:7-12, 16, Colossians 2:19).

Integrative Themes in Emotionally Focused Therapy

Emotionally Focused Therapy (EFT) is an empirically supported approach grounded in attachment theory. According to Johnson (2008), it is a model based on the last fifty years of research on bonding between a mother and child and adult romantic partners. This more humanistic experiential and less behavioral intervention approach has become well-validated. In regard to the level of success, meta-analysis has shown a 70-73 percent recovery rate from marital distress throughout therapy, with a 90 percent rate of improvement. In comparison, behavioral interventions have a 35 percent recovery. As far

as the outcome of results, EFT is more favorable than other approaches for martial distress (Johnson 2008; Gurman 2008).

According to Johnson (2008), Emotionally Focused Therapy (EFT) is an integration of experiential/Gestalt and interactional/systems approaches with attachment theory. Through this constructivist approach, the experimental influence of this model focuses on the present ongoing emotional experiences. The systemic influence of this model attends to the construction of patterns of interaction of couples being counseled. Both approaches facilitate an integrated focus on present experiences, instead of past historical events. There is a synthesis of experiential-systemic approaches with the added emotional piece which shows circular cycles of emotional experiences. When emotions are identified and expressed in a session, the results can help a couple to move into a new relationship dance that promotes secure bonding.

EFT assembles how people experience their love relationships and their emotions. Given that emotions are systemic, this model looks at the whole relationship and patterns within the relationship. EFT posits that couple distress is sustained by absorbing negative affect, which produces constricted patterns of interaction. Hence, EFT focuses on relational elements and emotional signals that are proven by research to be critical to a couples' satisfaction and distress (Johnson, 2008). The emotional responses that emerge during couples' interactions give insight on how the couple relates. The therapeutic goal is to help create a more safe and secure emotional bond, since it is the emotions that organize attachment bonds.

Even though EFT is established in attachment theory, which is based on evolutionary and biological needs and processes, scripture supports many of its basic

tenets. In this approach, the importance of emotion is a key change agent in relational interactions. The concepts of attachment and emotions are supported from a Christian integration perspective. According to Scripture, there are two keys that really matter before God in the human experience, faith and love, "The only thing that counts is *faith* expressing itself through *love*" (Galatians 5:6b).

In addition, faith fosters trust and security in God and one another, which supports attachment. Love is defined as a movement toward choosing to value the partner, which speaks to the emotions. The two synthesized (faith and love) create an unbeatable combination in understanding relational dynamics. Hence, there are ample theological insights available to establish that God is a relational God who created humans for connection and love (1 John 4:7-8, 16). God desires intimate relationships for His creation in that God created man in His own image and likeness (Genesis 1:26-27; 1 Corinthians 11:7; James 3:9). For this reason, attachment and emotional bonding are at the core of human beings by divine design.

Experiential influences in EFT. Through this perspective, emotional responses are identified and utilized in the process of change. The therapist through a collaborative alliance with the couple helps to restructure and expand the couple's interactional dance. The word emotion comes from the Latin word *emovere,* which means "to move." Through emotional processes a couple will move closer together or farther apart. Dealing with the present experience requires focusing on background issues when they are relevant to current interactions. The past is now in the present. There is a process to move from secondary emotions to primary and to facilitate a corrective relational experience. For example, the therapist will focus on the implicit secondary emotions of the negative

cycle. Rather than just finding faults or criticizing the other partner, the therapist will have a person acknowledge his or her emotion as anger for instance. This is then validated by the therapist by placing it in the context of the negative cycle. Once this is established, the therapist will help give direction by validating and making explicit the primary emotion, such as helplessness, which fuels the anger. Generally, the primary emotions are the more vulnerable attachment emotions such as sadness, loneliness, fear, rejection, and the like. Hence, the therapist focuses on the emotion that plays a role in organizing negative interactions and reduces accessibility and responsiveness.

Johnson (2016) affirms scriptural consistencies with EFT; "It is not surprising that a system of understanding love relationships based on the best of research on adult love is so consonant with this ancient book of faith" (p. 4). As stated, the heart of God is for human beings to have intimate relationships that connect on an emotional level. For the Christian, it is imperative to walk in the love of God and imitate His love through empathy and compassion and seeking the best for others (Ephesians 5:1-2). For example, Scripture teaches that sin creates and fuels negative emotional cycles often outside conscious awareness, and the Christian must get rid of inappropriate reactions (Ephesians 4:31-32; Colossians 3:8, 12). This can be accomplished by turning to more vulnerable responses such as kindness, humility, and compassion. These positive responses help to form and transform relationships with others by giving corrective experiences.

Jesus exemplified this model for behavior that is to be reflective of the Christian life, "To this you were called, because Christ suffered for you, leaving you an example that you should follow in his steps… When they hurled their insults at him, he did not retaliate; when he suffered, he made no threats. Instead, he entrusted himself to him who

judges justly" (1 Peter 2:21, 23). Jesus knew what was in man and how to defuse emotional negativity (John 2:25b).

Further, in Galatians 6:7-9, Paul uses an agricultural metaphor to convey the principle that "we reap what we sow." God's ultimate purpose for man is to reap a good harvest in life by being careful what is sowed in judgment and condemnation (negative emotions) and choosing instead to sow forgiveness and mercy (cf. Luke 6: 37-38). For example, Johnson's Protest Polka is the most widespread and ensnaring dances of the negative interaction cycles; couples engage in this unconsciously at times, when they enter into a pursuer/withdrawer cycle. This dance of disconnection takes on hard/hot emotions such as anger, rage, defensiveness, judgmentalism, and the like. The sowing and reaping of negative emotions produces results that are contrary to God's will. The Scripture speaks of sowing softer/warmer emotions. In Proverbs 15:1, ancient wisdom tells, "A gentle answer turns away wrath, but a harsh word stirs up anger" (cf. Proverbs 14:3; 25:15). The gentle or soft answer in relation to speech is a response without anger or harshness while a harsh word is a "word of pain." When Gideon, in Judges 8:1-3, was approached by the Ephraimites with sharp criticism, he de-escalated the negative emotions by showing humility, giving them respect, and reframing their focus. The Scriptures support de-escalation of negative cycles of interaction.

Systemic influences in EFT. Through this perspective, the focus is on the interaction that occurs between members in the system. EFT assesses the reoccurring interactive patterns and assumes that the problems are consequential to interaction between the family members. EFT differs from how other family systems therapies break the cycles. Whereas other therapies work on boundaries and restructuring to change

interaction cycles, EFT works exclusively in the repairing and creating of new affective experiences by giving guidance to the couple to identify, express, and reframe emotional response.

Three are five basic premises that are used in EFT. The list of the premises that EFT follows: (a) causality and circularity; (b) consideration of behavior in context; (c) belief that elements of a system are predictable and consistent producing homeostasis; (d) belief that all behavior has a communicative aspect; and (e) assumption that the therapist's role is to interrupt stuck, repetitive, negative patterns (Johnson, 2008).

God's created design for humans shows that attachment and emotions are central to relational dynamics. As shared before, God is the ultimate attachment figure from whom humans find secure bonding and safe-haven. Multiple researchers (Kirkpatrick & Shaver, 1990; Beck & McDonald, 2004; Hall, Fujikawa, Halcrow & Hill, 2009; Granqvist, Mikulincer, M; Shaver, 2010) have discovered evidence that human attachment to God is similar to human attachment to other humans.

CHAPTER FOUR

ASSESSMENT AND CONCEPTUALIZATION

In the previous chapters, the theological, psychological, and integrative perspectives demonstrate a need to explore the nature of personhood. To validate and understand this nature, valid assessment tools can be utilized to support the direction of care and treatment. Multidimensional or biopsychosocial-spiritual assessments explore the client's symptoms by integrating the whole person and the whole family system. This is done to determine the physical, emotional, social, behavioral and spiritual functioning of the client within his or her context. According to McMinn and Campbell (2007), "Assessment is the task of systematically observing what the signs and the symptoms a client experiences" (p. 145). Once a thorough assessment is made, one can more effectively conceptualize the client and his or her world.

Biblical Anthropology and Assessment

God who is the Sovereign of the Universe has chosen to share His dignity with human beings, who "he has crowned…with glory and honor" (Psalm 8.5). The biblical-anthropological approach considers the nature and condition of human beings created in the image of God in order to more fully comprehend personhood. The biblical aspect of humanity speaks to the whole person, "May God himself, the God of peace, sanctify you through and through. May your whole spirit, soul and body be preserved at the coming of our Lord Jesus Christ" (1 Thessalonians 5:23). The spirit (*pneuma*) and the soul (*psyche*) are often used interchangeably throughout the Bible. The spirit and soul refer to the inner dimension or the heart of a person that reflects the image and likeness of God. When God breathed into man the breath of life man became a living soul (Genesis 2:7).

In theological terms, the spirit and soul speak of "the psychological heart of man." Biblically, the heart attends intellectually (Jeremiah 11:20); understands (1 Kings 3:9), debates (Mark 2:6), remembers (Luke 2:51), thinks (Deuteronomy 8:17), reflects (Luke 2:19), imagines (Luke 1:51), and more (Elwell & Beitzel, 1988).

Kirwan (1999) notes four implications of the Bible's teaching regarding heart that are pertinent to the study of psychology. First, he addresses the hiddenness of the heart (Psalm 139:23-24; Jeremiah 17:9). In the realm of the heart, lies the root of thinking, feeling, and acting, and the core of psychological processes. David prays for God to search and know his heart (Psalm 139:23-24; cf. Jeremiah 17:9; 1 Corinthians 2:11). Kirwan suggests that this Scripture speaks of the depth and unknowability of the heart, which gives a hint of the modern concept of subconsciousness. The primacy of intellect versus the primacy of the inner person (one's heart) needs to inform Christian thought in psychology.

Second, Kirwan notes that the heart shows the importance of affect or feeling. The Bible points to emotions and feelings as an important part of the human personality. Feelings are clinically observable, and they must not be downplayed or made subordinate to other functions.

Third, in respect to the importance of relationships, Kirwan notes that through Christ, the heart can be changed. The Bible gives this heart change emphasis throughout, and it must not be ignored by Christian thought or psychology. The heart calls relationships to the front of any dialogue of Christian theology and psychology.

Fourth, the heart serves to inform psychological thought. If a person's main areas of functioning are knowing, being, and doing, these areas can correspond with cognition,

feeling, and behavior. Christian assessment should involve addressing each area of the heart.

Image of God and Assessment

Based on the Christian worldview as reviewed in the past chapter, assessment and conceptualization include the three domains of personhood as related to the image of God—the functional, structural, and relational domains. As mentioned above, the condition of the human heart (spirt and soul) in light of relationship to God affects each of these domains (Matthew 15:18-19). For Christian counselors, the framework of the image of God is essential for assessment and conceptualization, providing part of the theoretical grid. The psychological implications of biblical anthropology provide the framework for sound assessment and subsequent conceptualization. The Christian integrationist/therapist understands that human personalities and behavior can be complex. According to the Scripture, human beings are "fearfully and wonderfully made…" (Psalm 139:14b).

Assessing the Functional Domain

The *functional* view approaches assessment on a human-behavioral level. This view relates to God's ordained purpose for humankind to manage creation (Genesis 1:27-28; Psalm 8:5-8). The Bible indicates that with the fall, humankind's managerial control over creation is affected (Genesis 3:16-18, cf. Romans 8). Utilizing this biblical insight, it can be of benefit to assess the level of a client's overall functioning in relation to their lives and environment to determine how well they are mastering situations (McMinn & Campbell, 2007). The purpose of assessment in this domain helps the therapist to identify areas of behavior that need to be more functional.

Assessing the Structural Domain

The *structural* view of the image of God reflects the cognitive, moral, and rational capacity of humans. When Adam and Eve sinned, they lost the capacity to retain fully the image and likeness of God. Through Christ, humans can see the image and likeness of God by His full humanity and divinity. Christ modeled the structural view of God's image by His emphasis on the moral or rational aspects of humankind, for "The Son is the radiance of God's glory and the exact representation of his being…" (Hebrews 1:3a). Being the exact imprint of God's nature, Christ taught humans how to live, think, and feel (1 Peter 2:21-23). In this domain, assessing a person's cognitive processes helps to identify the belief systems (schemas) that give meaning to thoughts and behaviors.

Assessing the Relational Domain

The *relational* view of the image of God reflects God's interpersonal character. By looking at Christ, the relational character of God is revealed. Scripture shows that Jesus loves His neighbor and God perfectly (John 15:3; 17:26). It is through Jesus that God's relational image is in human form (John 14:8-9). In relating effectively to one another, the image of God is demonstrated. The task of assessment helps to describe relational functioning and identify certain maladaptive conditions that have caused stress or distress in relationships. This evaluative process enables a therapist to observe whether the client has developed healthy relationships with God, self, and others.

Areas of Clinical Interview and Assessment

From a Christian perspective, there are three guiding principles which are helpful in the evaluating process and subsequent conceptualization: a holistic approach, a context of love, and an attitude of humility (McMinn & Campbell, 2007). First, assessment must

involve holistically approaching the client as one who has been created in the likeness and image of God. For example, each person has been endowed by his or her Creator with unique qualities and characteristics. The Christian therapist should understand that God's total knowledge of human beings is intimate and comprehensive. Only God knows the complete assessment of a human being—his or her most basic needs and desires. Certain limitations exist with any theory or psychopathology.

Secondly, the Christian therapist must understand that every individual or couple/family requires love, acceptance, and restoration. As the therapist puts together all things, it is important to remember biblically that "faith works through love" (Galatians 5:6). Third, approaching a client with humility is an essential part of the evaluating process, for Jesus warned against judgmentalism and condemnation (Matthew 7:1). According to Scripture, "Do nothing out of selfish ambition or vain conceit. Rather, in humility value others above yourselves" (Philippians 2:3). Christ set the example for His followers in that He "humbled himself" and became a "servant" for others (Philippians 2:3-8). These biblical principles are relevant for the Christian therapist in assessment and conceptualization.

The assessment process provides a comprehensive view of the individual, family, or couple. A solid and accurate assessment is the foundation upon which treatment rests. The therapist's assessment is based upon his or her theoretical orientation concerning marital and family issues along with individual personality and preferences. This also involves an incorporation of the client's preferences, goals, abilities, information gathering or data collection, or observation so that the therapeutic process can take place.

Observations must first be organized into a hypothesis; then, the hypothesis is organized into case formulation; and finally, the case formulation translates into a treatment plan.

Sommers-Flanagan (2003) posits that there are three primary objectives utilized during an assessment in order to develop a treatment plan. At the end of the first interview, the therapist should know about the client's or patient's problem(s), the client as a person (that is something about the client's personality), and the client's current functioning. For example, if a client has depressive symptoms and a hyper-responsible personality style that is interfering with current functioning, then an integration of these of two components needs to be taken into consideration. A diagnosis will also be a part of the treatment plan. It is important to understand what the person is like and how he or she is functioning in the present environment. Furthermore, noting the specific triggers that are magnifying the client's current situation supports one in identifying the present state of the client's internal and external experience.

A number of purposes are served through assessment. According to Williams, Edwards, Patterson, and Chamow (2011), assessment helps to gain the following information:

1. It helps to discover what the client expects from therapy and how therapy will be conducted.
2. It helps to determine how problems are manifesting and the impact on the clients' lives. It also helps to understand their particular pain and suffering.
3. It helps to uncover why the problem(s) exists and how problems are developed and maintained, thus determining what changes the client needs to make.

4. It serves the purpose of selecting the best treatment plan for the client and what conditions will offer the optimal results.
5. It helps to evaluate how effective therapy has been in bringing about change, answering whether things have improved, stayed the same, or deteriorated. It also helps to assess readiness for termination (pp. 1-2).

Assessment is the starting point for a variety of counseling interventions. The main goal of the intake interview is assessment and case formulation. At the onset of a clinical interview, the therapist's focus is primarily on relationship building and creating the therapeutic alliance. This includes developing rapport and a positive working relationship with respect to the client's age, intellectual abilities, cultural background, social class, etc. To develop a positive working environment involves active listening skills, empathic responses, and the ability to maintain rapport through the process. At this stage, the therapist employs the use of silence in a nondirective manner, using open-ended questions or statements in order for the client to feel safe to communicate their therapeutic needs. The therapist's awareness of his or her purpose in the room is essential to the overall success of the process. The main purpose of the therapist is to help the client to achieve his or her goals.

For the therapist to be effective, there is a need for flexibility during the intake interview in determining the client's needs, problems, setting, and goals. This approach aids in building relational rapport between the client and therapist. Further, the therapist focuses on utilizing a value-centered approach, for example, embracing interpersonal empathy, self-management/control, symptom reduction, and good decision-making skills that will strengthen the overall therapeutic collaboration. As the therapist builds on the

therapeutic relationship through collaboration, focusing on strengths of the client and affective listening skills, mostly non-directive, a sense of direction will come (Sommers-Flanagan 2003; Hill, 2009).

Identifying Information and Chief Complaint

Assessment begins with the gathering of essential information about the family or couple. This step also includes determining what initiated the family or couple to explore therapy. The basic information includes data such as names of family members, ages, marital and occupational status.

In assessing the presenting problems, the therapist needs to know the nature and description of each problem. When exploring the issues that brought a person or group to therapy, it is good to know who, what, when, where, and why (Williams, Edwards, Patterson, & Chamow, 2011). For instance, families may have one person identified as having "the problem." Couples may blame one another for the problem. Determining how the problem is defined gives the therapist a sense of clarity in narrowing down the issues. Some families and couples may be vague in their terms, saying things such as "we cannot get along," or "we fight all the time;" therefore, asking for specific behavioral descriptions can aid with getting a clearer picture of the presenting problems (Williams, et al, 2011).

Assessment of a family problem. In ascertaining what brings a family to therapy, as the presenting problem is explored, the therapist will want to know the nature and description of the problem. This includes the duration and the impact of the problem upon the family. When one person is identified as having the problem, this is called the "identified patient" or IP (Patterson, Williams, Edwards, Chamow, & Grauf-Grounds,

2009). The IP indicates the family's stress or pathology. The aim of the therapist is to avoid isolating the IP from the overall relationship system. Ultimately, the assessment of the family's problem locates itself in the system rather than its individual parts. Individuals are best understood when the interaction of the entire family is assessed.

When working with families from a systems perspective, assessment discovers what is hindering the family from reaching its goals, and the therapist works collaboratively with the families' vision of how to get from where they are to where they want to be. Minuchin, Nichols, and Lee (2007) share a four-step model of family assessment: (a) opening up the presenting complaint; (b) highlighting problem-maintaining interactions; (c) a structuring focused exploration of the past; and (d) an exploration of alternative ways of relating (p. 9).

In the opening up the presenting complaint phase, there is a challenge to the family certainty that the primary problem exists in the individual patient. This step includes reframing and giving a different meaning to the problem that the family has presented, while exploring the ways the symptom presents itself. Looking at the problem from different perspectives aids in reducing the symptom toxicity. The step of highlighting problem-maintaining interactions explores what the family members may be doing to perpetuate the problem. This phase is basic to intervention of systems thinking. This technique provides guidance by the therapist to help clients see how their actions are maintaining the problem. This is to be done without the therapist provoking too much resistance. The step of structuring focused exploration of the past briefly explores the past of adult members in order for them to understand how they have arrived at their present view of others or themselves. Finally, step four, which is exploration of alternative ways

of relating, helps to paint a picture of what is keeping the family stuck and who may need to change. This step redefines the problem and opens up different options to examine (Minuchin, Nichols, & Lee, 2007).

The basic foundation of family systems theory posits that any client with a mental health or substance abuse disorder can be effectively treated within their family system. With family systems, the whole family is paramount to treating the individual. The family system theorist focuses on the entire family functioning; however, it is still imperative not to dismiss the importance of addressing the individual's mental health needs. With regard to individual pathology, the focus is not part of the family's systems approach in the purist sense. There may be times when a therapist observes that an individual has a potential disorder such as psychosis, depression, or a mood disorder that is inhibiting the overall effectiveness of family therapy. At that point, the family therapist might recommend a referral for individual therapy to determine the extent of the problem. Broadening the scope of assessment and treatment may provide the best method for the family's recovery. This may not be conventional to family systems practice; however, it is the view and position of this paper.

Assessment of couples' problems. When working with couples, often a partner has insight into why a spouse's issues exist. However, he or she may have little or no awareness of his or her own contribution to a conflict and how he or she is helping to maintain the problem. These insights can give a therapist a starting point for developing a hypothesis. It should be noted the therapist needs to be careful in working with the client's belief system about the problem. This is important in avoiding resistance to intervention. For instance, a partner may believe that her husband has a personality

disorder. The therapist may see the problem in a different light, thus acknowledging the client's concerns, but giving pyscho-education on personality disorders in an effort to establish other causes for the husband's behavior.

Following the Emotionally Focused Therapy (EFT) model, couples' assessment involves gathering information pertinent to the relational dyad. This includes the couple's suitability for therapy, noting whether there are any contraindications present, such as domestic violence. In this initial assessment session, the goal of the therapist is to connect with both partners, creating an alliance of safety and acceptance. This assures client confidence in the therapist's understanding of goals and needs.

Johnson (2008) posits that there are no psychometric instruments unique to EFT, although some exist, the primary means of assessment is through the client interview. During the interview process, the therapist listens to the relationship problems each partner is experiencing, being mindful that assessment is an ongoing process in this experiential model of therapy. Once the therapist identifies one or more problems that can be agreed upon by the client, the goals are set for therapy. This aspect of assessment ascertains whether the goals are feasible and compatible with both the client's and the therapist's skill sets. The next step is to create a therapeutic agreement between the couple and therapist, together developing a consensus as to the treatment goals and the method in which therapy will be conducted.

As part of the assessment process, the therapist may conduct individual sessions with each of the partners. This approach may help the therapist to nurture a therapeutic alliance with a partner, to observe each partner in a different context, and to obtain information difficult to explore in front of the spouse, i.e., commitment, traumas, and the

like. The purpose of such sessions may help to refine the therapist's impression of the attachment insecurities and feelings that influence the couple's interactional patterns.

Psychosocial History and Background

Depending on the theoretical orientation of the therapist, the psychosocial history of a client may or may not be a significant part of assessment (Sommers-Flanagan, 2016). For example, a solution-focused model will spend little time on the client's psychosocial history. In comparison, working from a psychodynamic model, a therapist will spend a great deal of focus on psychosocial history, thereby obtaining a detailed view.

After the initial gathering of information about the chief complaint, the therapist may often make the transition to focus on psychosocial history. The therapist may discuss with the client the need to get a better sense of who they are by asking questions about their past (Sommers-Flanagan & Sommers-Flanagan, 2014). The questions and approach are based on the interviewer's theoretical orientation. A cognitive-behavioral therapist may gain information pertaining to the history of the presenting problem in order to gather concrete information by examining the client's underlying irrational beliefs. For example, "Describe the first time you noticed feelings of abandonment." Whereas a psychodynamic interviewer often takes a non-directive approach, e.g., "Tell me something about your childhood experiences." The focus is on the client's underlying irrational fears, perhaps trauma events that occurred in an earlier context. These events may be significant issues of interpersonal relationships (e.g., abandonment by being emotionally cut off as a child by a parent who had dependency problems).

Most therapists use a comprehensive outline to guide the interview. Depending on the context, the historical content areas may include the following: description of parents,

educational experiences, peer relationships, first employment and work experiences, romantic relationships, medical and mental history, alcohol and drug use, developmental and spiritual or faith histories.

With couples, a relationship history helps to uncover relational dynamics. It can show patterns that are replicated across the couple's history. It is also helpful to review the courtship by asking such questions as, "What was your first impression of your partner?" or "Who initiated the first date?" "How did your impression change over time?" and "What attracted you to your mate?" Further questions may center on the different aspects of the couple's relationship history: attraction and mate selection, bonding and sex, triangulation, power and autonomy, conflict, commitment, character features, and life cycles. The therapist must decide how much detail to collect. For couples with a longer relationship history, more sessions may be required during the assessment. The therapist may take an abbreviated approach with long-term couples, focusing on the most salient events, such as getting married, raising children, or important transitional issues. Additionally, the therapist may be challenged by spending too much time on dates and events while not exploring the underlying dynamics of the relationship (Williams, Edwards, Patterson, & Chamow, 2011). Being explorative as to why events unfolded as they did may illuminate the couple's behavioral styles, such as conflict-avoidance.

Individual histories may also play a significant role in the assessment of couples. Historical factors may be influencing the current relationship. Experiences from families of origin or previous relationships may give an indication of issues within the current

relationship. For example, a partner may have had difficulties that stem from their family of origin, such as conflictual relationship bonds between family members.

With families, assessment involves the gathering of historical information regarding the family's intergenerational family structure and dynamics, important events, and factors that shape the family and its members. Often a genogram is used to inform members concerning their family of origin. The genogram is a pictorial tool used to gather multigenerational family patterns (McGoldrick, Gerson, & Peltry, 2008). The therapist records information of at least three generations, including gender, generation, and ages. With this graphic aid, symbols depict family members, for instance a square (male) or a circle (female), along with the age. The identified patient (IP) is indicated with concentric squares or circles (Patterson, et al, 2009).

The genogram aids the therapist in seeing a larger picture by mapping out functional relationship levels of individual family members. As part of the construction of a genogram, here is a list of the information to be gathered: (a) a description of dyadic relationships; (b) family time together; (c) emotional climate,; and (d) family belief systems. Further positive and negative themes that may be recorded are as follows: (a) patterns of substance abuse; (b) medical or psychiatric issues; (c) unresolved conflicts; (d) physical or emotional abuse; (e) cutting family members off; (f) vocations; (g) marriages and divorces; and (h) abandonment. The genogram helps the therapist to know the family by the creation of a systemic perspective over space and time (Edwards et al, 2009). By a genogram, the structural, relational, and functional information about the family can be viewed horizontally across the family context, and vertically by the generations (McGoldrick, et al, 2008).

Medical and Psychiatric History

An important aspect of the initial stage of assessment involves medical or psychiatric factors that may be relevant to the client's presenting issues. Careful consideration of the client's past/present medical or psychiatric conditions is important in assessing the need for interventions prior to therapy. It also may be a determining factor to begin/start or continue therapy. The mental health of individuals is vital to the couple or the family's engagement in the therapeutic process.

During this stage, the therapist asks a series of questions in order to ascertain the client's readiness to move forward in therapy and to rule out risk factors. In respect to medical and health history, the therapist asks questions such as, "Do you have any current medical concerns? Do you have any problems with eating or sleeping or weight loss or gain? Are there any major diseases that seem to run in your family?" Concerning the psychiatric or counseling history, some of the questions that may be asked include the following: "Have you had counseling before? If so, with whom and for what problems, and how long did your counseling last? Have you ever been hospitalized for psychological reasons? Have you ever taken medications for psychiatric problems?" (Sommers-Flanagan & Sommers-Flanagan, 2003). The purpose of gathering medical history is to help determine any potential link between the client's medical conditions and their psychological wellbeing. For example, common issues such as anxiety and depression can impair the client's relational functioning. After review, some issues will require a physician's attention and may need medication intervention. Other problems that need assessment are as follows: eating disorders, sexual dysfunction, substance dependency, trauma, physical, emotional or sexual abuse, stress, etc. This review of

medical and psychological conditions gives important information in predisposing causes of disorders in the client's family. It is crucial that the interviewer has a general knowledge of psychopathy and the DSM-5, because there may be a wide range of symptoms a client may present (McMinn & Campbell, 2007).

In some cases, the Mini-Mental State Examination (MMSE) may be used in order to determine cognitive impairment. This can be a useful tool to assess for dementia, head injuries, and overall cognitive functioning. Depending upon the results, therapeutic effectiveness can be determined. This tool is used regularly in the medical field and in respect to counseling may determine whether therapy will be effective within a given context.

Faith and Spirituality: Domains of Assessment

A Christian therapist approach assesses the spiritual lives of clients. Research shows that when there is suffering and pain, spirituality and faith offer a source of comfort. Myers (2000) posits that faith and spirituality help the client find meaning and direction. The studies reveal there is a correlation between faith and coping with crises. A religious worldview proposes answers to some of life's most difficult questions, namely the awareness of vulnerability and death. Patterson (et al, 2009) notes that spiritual assessment helps the therapist to determine how faith, beliefs, tenets, and practices serve the client. Faith and spirituality are rightly seen as complementary to mental health assessment.

During assessment of the client's faith and spirituality, the therapist may gain insight about the client's view of human nature, morality, and religious practices (Bergin, 1991). Fitchett's 7x7 model is one of several models that can be utilized for spiritual

assessment (1993). The purpose of this model is to serve the client rather than to examine what the beliefs and practices are. This particular assessment covers seven areas:

1. *Belief and meaning,* which include determining what beliefs a client holds that give meaning to his or her life, symbols that reflect meaning, and affiliation with a formal system (i.e., church).
2. *Vocation and obligations*, which deal with the client's beliefs concerning a sense of duty, vocation, and calling.
3. *Experience and emotion*, which deal with the client's contact with the divine, sacred or demonic, and the moods or emotions associated with these contacts.
4. *Courage and growth*, which explore the meaning of new experience, including current problems and how they fit into existing beliefs and symbols.
5. *Ritual and practice***,** which determine what are the rituals and practices and whether the current problems change any of the rituals and practices.
6. *Community*, which notes if the client is part of one or more formal or informal communities of shared beliefs.
7. *Authority and guidance*, which explore where a client finds authority for his or her beliefs, meaning of life, vocation, rituals, and practices and to what extent does the client look outside and inside him or herself (Fitchett, 1993).

Case Formulation and the DSM

Diagnostic and Statistical Manual of Mental Disorders

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (*DSM-5*) is an important classification and diagnostic tool for assessment and treatment planning. An understanding of the purpose and history of DSM-5 along with the International Classification of Diseases, Tenth Edition (*ICD-10*) will enhance the overall appreciation of effective assessment and treatment planning. This section will explain the historical development of the DSM and ICD in order to establish a clear directive for the utilization of the classification and diagnosis for potential disorders.

The classification of mental disorders dates back to 2600 B.C., when in Egyptian literature clinical descriptions of melancholic and histrionic behaviors were recorded (Brenner & Hill, 1999). Over the next four millenniums, psychopathology developed little. In 1840, the census bureau of the United States developed the first official system with one category for "mental disorder" and subcategories "insane" (psychotic) and "idiot" (retarded). Later in the 1880 census, seven categories of mental disorder were classified: mania, melancholia, paresis, dementia, dipsomania, and epilepsy (APA, 2017). In 1917, the American Medico-Psychological Association (AMPA) in partnership with the National Commission of Mental Hygiene gathered information of health statistics from mental hospitals. This system did have more clinical usefulness than the other systems. However, it mostly had an administrative purpose. In 1921, AMPA changed its name to the American Psychiatric Association (APA). In a collaborative effort with the New York Academy of Medicine, it developed a national psychiatric classification that would be included in the first edition of the American Medical Association's Standard

Classified Nomenclature of Disease. This system was primarily prepared for diagnosing in-patients with severe psychiatric and neurological disorders (APA, 2017).

History of DSM

The first Diagnostic and Statistical Manual of Mental Disorders (DSM) of the American Psychiatric Association published in 1952, included 106 diagnoses, one for children. The DSM-I is an evolution of a system developed by military psychiatrists. This first edition was researched and codified by one psychiatrist. The DSM-I attempted to bring some degree of systematization and categorizing of mental disorders into alignment with International Classification of Diseases (ICD). One of the unique features of the original DSM was the use of the word "reaction," which gave implications that mental disorders resulted from reactions of the personality to psychological, social, and biological factors (Straatmeyer, 1990). The second edition of DSM-II, a revision of the DSM-I, appeared in 1968 and dropped the term "reaction." The DSM-II increased diagnosis to 185, presented more for children, and added sexual disorders. Both the DSM-I and DSM-II assumed the disease model. According to Brenner and Hill (1999), "Both are qualitative and subjective rather than quantitative and objective in description of mental disorders" (p.224). The DSM-II was revised in 1974 with 292 diagnoses.

The DSM III was published in 1980 with 265 diagnoses, and it was again revised in 1987 with 292 diagnoses—DSM-III-R. The third edition was coordinated with the latest version of the International Classification of Diseases, the ICD-9 published in 1975 and implemented in 1978. DSM-III/DSM-III-R introduced the multiaxial diagnostic assessment system attempting to be neutral with respect to causes of mental disorders. There was significant rigorous research and more objectivity in the diagnostic criteria.

The DSM-IV was published in 1994, increasing diagnoses to 365. The updated version was labeled the DSM-IV-TR in 2000. The developers of the DSM-IV/DSM-IV-TR and the ICD-10 worked closely to establish congruence between the two systems and to eliminate meaningless differences (APA, 2017).

The DSM-5 published in 2013 has a new structure with 20 different chapters of mental disorders. The DSM- 5 also includes non-disorder conditions called V-codes or T-codes or G-codes; these are life concerns and not mental disorders. The organization of the DSM-5 presents three major sections: DSM-5 basics, diagnostic criteria and codes, and emerging measures and models. The organization is different in order to correspond better with the ICD. The new features are the roman numeral being dropped (5 not V), a non-axial recording system, assessment measures, cultural formulation, forensic cautionary statement, disorders on a spectrum, and incorporation of information on genetics and neuroimaging. A host of new disorders emerged, e.g. binge eating disorder, hoarding disorder, disruptive mood dysregulation disorder, etc.

Some of the controversial diagnostic changes include grief as a major depression, disruptive mood dysregulation disorder, mild neurocognitive disorder in seniors, somatic system disorder, binge eating, and autism-spectrum disorders. There are changes in the personality disorders, once coded under Axis II under the DSM-IV. In Section III of the DSM-5 appears a new hybrid personality model (Grohol, 2013). The alternative model for personality disorders according to the DSM-5 says they "are characterized by impairment in personality functioning and pathological traits. The personality disorder diagnoses that may be derived from this model include antisocial, avoidant, borderline, narcissistic, obsessive-compulsive, and schizotypal personality disorders" (APA, 2013,

p. 761). Also, this includes a diagnosis of trait specified (PD-TS) when a personality trait is present but the criteria for specific disorder are not met. Diagnostic determination for personality functioning and pathological traits are covered under general criterion and "criteria sets," e. g., Criterion A: Level of personality functioning, Criterion B: Pathological personality traits, Criteria C and D: Pervasiveness and stability, and Criteria E, F and G: Alternative explanation for personality pathology (differential diagnosis).

History of International Classification of Diseases

In 1948, the World Health Organization (WHO) assumed the responsibility for publication of the International Classification of Diseases (ICD). ICD was designed in medicine as a diagnostic tool used to classify and monitor causes of death and injury. It is the official guide of diagnosis for both medical and mental disorders in the world. The ICD purpose is to promote international health comparability by the collection, processing, and registering of mortality data (CDC, 2016). In 1977, when the ICD-9 came out, America is one of the few countries that petitioned the WHO to modify the ICD for a version unique to its culture, specifically for coding and billing purposes and compatibly with DSM-5. It is called International Classification of Diseases-Clinical Modification (ICD-CM). The ICD is now in its tenth version the ICD-10. Over many decades, the ICD-CM and DSM have evolved with the increase of disorders and different perspectives of thinking about them (Schwartz, 2015). Both the ICD-CM and the DSM are used with the federal HIPAA as categorical systems. These categorical systems determine whether a client has a disorder or not.

Potential Diagnosis

The question often asked is, “Where does diagnosis fall within the counseling process?” According to Schwartz (2015), the first stage is building a therapeutic alliance. The relationship key is crucial for the client to feel safe and to be willing to self-disclose and initiate the healing process. Number two is the assessment process or information gathering, which is ongoing throughout the counseling process. Assessment is the gathering of information that will aid the therapist in serving the client to figure out the best pathway for healing. The next stage is diagnosis. Diagnosis should be done as efficiently as possible to reduce unnecessary diagnosis. This step is important for insurance companies, liability purposes, and clinical research. Diagnosis often guides the rest of the stages, and it may begin with a primary diagnosis which may change at any time. The next step is the treatment plan. Once it is established, the treatment plan relates the primary symptoms of the client. Completing the process are the interventions and finally, the termination.

As part of the assessment, the therapist may determine a diagnosis that includes references to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) of the American Psychiatric Association (2013). The purpose of the DSM-5 is to “assist trained clinicians in the diagnosis of their patients’ mental disorders as part of a case formulation assessment that leads to a fully informed treatment plan for each individual” (APA, 2013, p. 19). In the DSM, every single mental disorder described has a biological, psychological, or social cause and consequences. Depending on the diagnosis, some disorders may tilt toward biological factors, such as depression, that may require psychotropic medications. Other diagnoses may tilt toward social and/or psychological

factors or suggest it could be a combination of all three factors at work (Schwartz, 2015). For example, adjustment disorders may be weighted on psychological and social factors that are marked by the presence of emotional or behavioral symptoms in response to environmental stressors or conditions. Accordingly, it is important for the therapist to think in line with the biological, psychological, and social factors in order to get a picture of the mental condition of the client in the DSM (Schwartz, 2015).

Differential Diagnosis

During the interview process, **s**ome cases may require a differential diagnosis. Differential diagnosis is the method a therapist utilizes to determine what DSM-5 disorder caused the client's symptoms. The therapist reviews all relevant causes of the symptoms and rules out all alternative causes by use of standardized assessment tools provided by DSM-5 diagnosis. This involves a thorough history of the case using corroborative information from significant people in the client's life. Differential diagnosis determines which of the two or more similar disorders is the cause of the client's suffering (APA, 2013). For example, in a differential diagnoses of bipolar I or bipolar II, the therapist must give consideration to the several forms of bipolar disorder, e. g. mania or hypomania. Diagnosis of bipolar disorder I is differentiated from bipolar II by the determination of any past mania episodes. The specified and unspecified bipolar and related disorders should be differentiated from bipolar I and II. Review of the disorders hinges on whether the episodes of manic or hypomanic symptoms or depressive symptoms fail to meet the DSM-5 criteria for those conditions (APA, 2013). As part of the differential diagnosis, the therapist determines whether the bipolar disorder may be due to another medical condition. A referral for labs and imaging (clinical evidence) may

be required in distinguishing bipolar I and II disorders for a causally related medical condition. Other aspects of the differential diagnosis for bipolar I and II disorders are considerations of distinguishing features of substance/medication-induced bipolar disorder, attention-deficient/hyperactivity disorder, cyclothymic disorder, personality disorders, etc.

Assessment and Diagnosis Unique to EFT

The section will cover the more detailed assessment aspects of EFT and apply information previously discussed. The previous two chapters present how EFT supports attachment theory, family systems, and relational domains of human beings. EFT is derived from experiential/gestalt approaches with an interactional/family system approach. Johnson (2008) observed that EFT is both a constructivist approach, focusing on the ongoing construction of present experience, and a systems approach, focusing on the construction of patterns of interactions with partners. She said, concerning the background of EFT,

> It is as if Carl Rogers and Ludwig von Bertalanffy, the father of systems theory sat down to tea to discuss how to help people to change their most intimate relationships. Imagine further that, after their discussion, the attachment theorist John Bowlby came along to help them understand the nature of those relationships more clearly (p. 107).

These two theories underlying the formation of EFT did not originally have a case formulation or assessment approach. Carl Rogers cautioned about the use of psychometric measurements at the onset of therapy. He felt that the best approach was to determine not how the therapist assesses the client but how the client self-assesses.

EFT "assessment and cycles" are contained in steps 1 and 2. In these steps, EFT differs in assessment from other types of couple assessment (Johnson, 2005). During the assessment, the therapist focuses on gaining an understanding of the emotional experience of the client. This is accomplished by the therapist's observation of the context of a partner and his or her relationship. In the assessment session, the therapist tracks and defines the negative interactive cycle that ensnares the couple. As the therapist identifies the negative interactive cycle that causes an emotional distance and distress in the couple, he or she then delineates how the cycle is maintained in the relationship. An agreement must be reached between the therapist and the client on one or more problems creating relational distress. With EFT, assessment is an ongoing process throughout treatment, and the therapist is always in a state of readiness to learn about his or her clients.

EFT is considered a present-focused therapy; therefore, the need for relationship history is limited to a small amount. The therapist may ask how they met, what attracted them to one another, and when the problems began to manifest (Johnson, 2005). In light of personal history, questions centered on attachment may be asked, such as, "Who comforted when you were small?" or "Who held you when you were small?" These kinds of questions give the therapist insight as to whether the client has an understanding of safe attachment or not. Further, the therapist asks about treatment goals and what the client expects to receive from therapy. In the process, based on the client's response, the answer given is usually inverse of the complaint presented at the beginning of the assessment (Johnson, 2005, 2008).

According to Johnson (2005), the general goals of assessment that are set forth in steps 1 and 2 are the following:

1. The therapist's first objective is the creation of an alliance where both partners feel safe, understood, and accepted by the therapist. The goal is for the client to have confidence in knowing that the therapist understands his or her goals and needs.
2. The therapist uses therapeutic skills of reflection, validation, evocative responding, and reframing as the therapist listens to the couple's story, endeavoring to understand how the relationship evolved and why therapy is sought at this time.
3. The therapist assesses the client's attachment history. The therapist begins to form a hypothesis by observing the vulnerabilities and attachment issues underlying each partner's position in the relationship. The therapist explores for any blocks to secure attachment and emotional engagement in the relationship.
4. As the couple's narrative unfolds, the therapist enters the experience of each partner. Careful attention is given to how each partner constructs his or her experiences in the relationship.
5. The therapist tracks and details recurring sequences of interaction that perpetuate their distress (i.e., the cycle, dance, or pattern).
6. The therapist assesses the couple's response to EFT interventions by asking them to interact or by trying to access primary emotion. The therapist also notes the strengths and positive elements in the relationship.

7. The therapist assesses the nature of the problem and the relationship, whether there is suitability for couple therapy, and the use of the EFT model in particular. There is an assessment of each partner's goals and plans for therapy. This is followed by a determination on whether these goals are feasible and compatible with both the partner's individual agendas, and the therapist's skills.
8. The therapist and client collaborate to create a therapeutic agreement between the couple and the therapist, a consensus on how therapy will be conducted (p. 106).

During the assessment, it is important for the couple to have non-conflicting agendas. If the couple is divergent in their goals and an agreement cannot be obtained, the couple may be advised to seek individual therapy.

It is important to note that EFT does not pathologize individuals. According to Greenberg (2011), "We see much disorder as a function of the common mechanisms of maladaptive emotion schemes and problems in affect regulation and the therapeutic relationship as a common factor of all treatments" (p. 137). Therefore, EFT holds that diagnosis is not always relevant for treatment because much of distress has the same underlying cause. Greenberg posits that people are treated as unique with certain idiosyncratic determinants of their problems, rather than their symptoms.

For the most part, EFT is a contextual process-oriented approach over a content-oriented approach. Case formulation is then an ongoing process of being sensitive to the moment and the in-session context "as it is to understanding the person as a case" (p. 88). The task of the therapist is to follow the client's emotional concerns and to identify their core pain, rather than to diagnose personalities, character, or core relational patterns.

Even so, diagnosis may still serve a useful function, especially within individual sessions. With EFT, individual sessions are always balanced between partners. In these sessions, individual responses that appear to block emotional engagement are addressed (Johnson, 2004). For example, the therapist might focus attention on a partner's threats to leave the relationship or issues that might inhibit a partner in the couple session. For multiple reasons, it may be important for a therapist, as part of assessment and case formulation, to consider the diagnosis of mental disorders such as anxiety, attention deficient disorder, depression, mood disorders, etc. Further, mental disorders can affect the overall functioning of a partner across the physiological, psychological, and social domains. The partner may need more intensive interventions, such as further medical evaluation and medication management in order to proceed with couple's therapy. Finally, accurate diagnosis may enhance the case formulation and provide a more concise treatment for the couple.

In sum, EFT is derived primarily from Rogerian and Gestalt models where assessment and diagnosis are not necessarily of primary concern. It is the relationship between the client and therapist, as well as the therapist's capacity to integrate the full experience of the client's world that takes precedence. That is not to say assessment and evaluation cannot be utilized as valuable tools, it is only to say that they need to be put in proper perspective when working with matters of the heart, mind, and spirit.

CHAPTER FIVE

TREATMENT PLANNING

In marriage and family therapy, an assessment and case conceptualization, are the basis for the implementation of a treatment plan. The treatment plan includes goals and objectives developed through a collaborative process with the client. Developing the treatment plan involves taking the assessment data and transforming it into therapeutic goals which may differ from the client's goals that are delineated in the initial interview. The client goals are the end result of what the client wants to happen, whereas the therapeutic goals are what changes are required in order to achieve the client's goals (Williams, Edwards, Patterson, & Chamow, 2011). Successful treatment depends largely on the connection of therapeutic goals with the client's expectation for the desired outcome.

Once the assessment data is gathered, it is imperative for the therapist to organize the information into logical steps toward effective treatment planning. The exercise of careful thought in utilizing the procured information helps to eliminate tunnel vision and creates a clear treatment focus; hence, the therapist must not get lost in the data, while emphasizing certain information, and ignoring or not obtaining pertinent information. The goal for the therapist is to keep the focus on the information that is useful in making a transition from the initial interview to treatment planning (Shea, 1998).

The therapist must determine which treatment plan is best for the client, and the reason why the plan is best for the client's needs. This will depend largely on the therapist's actions and attitudes, and chosen modality. A therapeutic style of empathy, hopefulness, and genuineness improves treatment outcome. Efforts to maintain a

therapeutic alliance can be critical in determining the success or failure of therapy (Thorpe, 1987). Effective treatment planning should be fashioned to the individual client's problems and needs. Consideration of the client's strengths and weaknesses, family circumstances, life stressors, family dynamics, and presenting symptoms are reviewed as part of the treatment plan.

Later this chapter will reflect on Emotionally Focused Couple Therapy (EFT) and explore how the process of change occurs during treatment of a couple in need of attachment repair. For the therapist, regardless of theoretical orientation, it is helpful to have a general system to follow when moving beyond assessment and case conceptualization to treatment planning. The general principles outlined below aid in creating a clear focus in family and couple treatment planning, even though EFT may vary in places, as later will be discussed.

General Principles for Treatment Planning

Developing a treatment plan helps the therapist to focus on what he or she will be doing in therapy. In general, the initial steps can be written after the first one to three meetings with the client. Depending on the agency, some may require a treatment plan in writing after the first session. In this case, flexibility and adjustments may be required in the treatment plan development, and consultation with a supervisor.

Patterson, et al. (2009) states there are several components for the development of a treatment plan for families and couples. The following steps are: 1) select a problem list, 2) understand the client's goals for change, 3) conceptualize the case, including a DSM-5 diagnosis, 4) establish the long-term treatment goals, 5) select treatment inventions, 6) determine length and frequency of treatment, and 7) consider referrals to

and/or consultation with outside resources (p. 78). Having steps to follow creates a clear treatment focus; depending on the therapist's model, there may be variations as to how this process is implemented.

Select a Problem List

As mentioned in the last chapter, identifying the problem is one of the first aspects in assessment, case conceptualization, and diagnosis. This step includes outlining the problems listed by the client, as well as those discovered by the therapist. As the problems are presented by the client, there may be other issues that emerge as contributing factors in sustaining the problem, such as substance abuse (Perkinson, 2016). Having an agreed-upon problem list begins the formalization of the treatment plan (Patterson, et al., 2009).

Problems are a clinical statement of a condition that the client needs treatment (Perkinson, 2016). The problem statement is generally brief, perhaps no longer than a sentence. Problems need to be specific, and not vague. As the problem list develops, it must be measurable, along with the solutions. As the client moves through treatment, new problems may arise and added or modified as conditions change (Perkinson, 2016). The therapist must be aware that the problem list will change during treatment.

The list of problems should be specific physical, emotional, or behavior evidence that exists. As the list is constructed, it should be noted, *as evidenced by* or *reported by*, the concrete evidence must be described as the therapist sees that the problem exists. Once the list is generated, the therapist must ask what the client needs to do to be restored to normal functioning. For example, a client who is depressed needs to help in restoring a normal mood.

Understand the Client's Goal for Change

After delineating and prioritizing the problem list, the next step is to acquire an understanding the client's goals, what he or she wants to get from therapy? What changes are desired through therapy? As part of this step, it is essential to encourage the client to talk about the changes he or she is willing to make. Within a family or couple context, this approach takes the focus off other members of the family and helps to assume personal responsibility.

Conceptualize the Case, Including DSM-5 Diagnosis

This step offers the conceptualization of the case, which may include a diagnostic determination from DSM-5 (Patterson et al., 2009). The therapist reviews the connection between the assessment data, the problems list, and the goals/interventions to help the client. Using clinical judgment, the therapist utilizes the information derived from assessment hypothesizes why the problem exists, and what interventions are needed to address the problem(s). This is accomplished as the therapist draws from professional resources available to him or her to conceptualize the case.

Another aspect of case conceptualization is the biopsychosocial model, which involves the interrelatedness of biological, psychological, family and community factors. With family systems theory, this approach is utilized, understanding "that the whole is greater than the sum of its parts." In family therapy, through the lens of wholeness, there is a review of the patterns and processes in the problem description. In short, whatever affects one part of the system impact the whole. The family is considered the unit of understanding, rather than the individual. This tool helps to map all the multiple systems

in the family life: individual systems, interactional systems, intergenerational systems, and community systems.

Establish Long-Term Treatment Goals

The development of appropriate therapeutic goals is step four. As stated previously, the client's goals state what they want to change (e.g., communication problems), the therapeutic goals are how the change(s) will occur (e.g., improve communication skills). The therapeutic goals need to be in agreement with the client's goals. Clearly defined and shared mutual goals are vital to the successful progress in therapy (Williams, et al., 2011).

Select Treatment Interventions

In this step, the therapist must determine how to address the problems from the standpoint of the therapeutic goals. Interventions may vary depending on the theoretical training and modalities employed by the therapist. As the therapist develops in the art of intervention, there is a wide range of family therapy concepts and their corresponding techniques to learn and integrate. The therapist must do all to maximize their skill set so that they may know how to utilize effectively what works best in what situation.

The therapist must be careful not to give premature interventions, or wrong interventions, that can damage the client's condition (Sommers-Flanagan & Sommers-Flanagan, 2003). During the assessment phase, adequate time will allow the client to discuss their attempts to solve the problems. This will provide the therapist with information so as not to suggest a remedy already used by the client, and to determine the best strategies to execute. Thus, this will strengthen the therapist's credibility.

Determine Length and Frequency of Treatment

This step determines the length of therapy and number of sessions required for treatment. Typically, a session will last 45-50 minutes, or 90 minutes for family therapy; hence, it is important for the therapist to know the length of therapy indicators for crisis intervention, brief therapy, or long-term therapy (Patterson, et al., 2009). The therapist needs to be aware of economic concerns; payers may be limited to the number of sessions that are funded making it difficult for the therapist or client to determine the length of therapy. There are certain guidelines for the length of therapy often set by other agencies, e.g., insurance companies including the number of sessions to be conducted.

Consider Referrals and/or Consultation

With the biopsychosocial perspective, the therapist is reminded of other professional or community involvement that may enhance care. These include medical, psychological testing, religious or cultural influences, as needed.

The decision to refer is based on the client's needs relevant to the problem(s) and the competence of the therapist to meet those needs (Switizer, 1986). Furthermore, when there is limited progress in therapy or it is beyond the field of one's knowledge, referral or transfer to other mental health professionals can enhance the healing process. During the treatment planning, consultation with other mental health professionals may include medication, testing, etc. and can be an invaluable asset. It is important for the therapist to know the available resources in the community.

When making a referral, the therapist must be prepared to discuss the client's reaction to the recommendation. To be effective, the therapist must have certain sensitivity, information, and skills to refer the client, especially those with abandonment

issues (Switizer, 1986). First, once the need of the client has been determined beyond the scope of the therapist, the referrals are made to professionals and agencies, designed to meet the specific problem(s). Second, the client is encouraged to express his or her feelings in response to the referral including dealing with the emotional difficulties and inconveniences the client might experience. Third, when the problem is identified, and it becomes clear to the therapist the problem(s) could be solved more effectively elsewhere, give a summary to the client. Finally, the therapist has an ethical responsibility to reassure the client of the therapist's concern, and in some cases, may include the therapist's involvement if required.

Biopsychological Clues for Treatment

The therapist must be aware of any biopsychosocial clues during treatment. This aids in facilitating effective treatment for the client, whether it is individual or family/couple therapy. There are certain psychopathological clues that may help the therapist to establish and maintain a good therapeutic alliance with individuals and family and marriage systems. Maxmen (et al., 2009) list several psychopathological clues *in Essential Psychopathology and Its Treatment* (pp. 104-106). The clues are discussed in the following pages.

Focus of Responsibility

These are clients who view others as responsible for their problems. They are called *externalizers* and they do poorly in psychotherapy and are less cooperative than other means of intervention, such as medication. Clients can change themselves much more effectively than they can change others.

View of Helping Figures

This clue considers how the client feels about other helping professionals, such as doctors, teachers, and parents (Maxmen, et al., 2009). This may be an indicator of how they will behave with a therapist. The key objective is to offer a successful therapeutic relationship by providing a safe psychological space to suspicious clients that will aid them in making changes in thoughts, feelings, and behavior. The therapist must be gentle in approaching the client so they will not feel the treatment is too intrusive. Equally, some clients may view the therapist as omnipotent, or as the source of dependency. In these cases, the therapist may avoid being overwhelmed by the client's needs by setting good professional boundaries, e. g. by limiting phone calls, sessions, etc. at the onset of therapy. Sessions can always be added when the time is appropriate.

Defense Mechanisms and Coping Patterns

The therapist identifies clients who rely more on immature defense mechanisms, such as denial or projection. The therapist should ask clients how they handled problems during the past. Since past behavior is a good indicator of future behavior, it is important to inquire if the client has used avoidance, denial, overcompensation, or intellectualization in the past. These responses often predict *flights into health*, and after a few sessions, the client wants to stop therapy. Defense mechanisms can have adaptive value providing they do not enable an individual to avoid facing reality (Corey, 2009).

Therapeutic Relationship

Treatment is more than technique, or a disorder treated; it is forming a supportive and respectful working relationship. Some clients may not be able to form a healthy therapeutic relationship, e.g., personality disorders or being ready to move forward with

therapy. The therapist must be aware of and evaluate the ability of the client to form a therapeutic alliance and good working relationship (Corey, 2009).

Following the Affect

Observing what is being discussed when affect changes, enables a therapist to discern what is important to the client. For instance, a woman says that she worked through her grief over the death of her husband yet when mentioning him; she breaks down in tears. Generally, non-verbal movements/behaviors can convey affected insights, such as a leg moved, a body tensed or a tear (Hill, 2009). Therapists can ascertain helpful information by pursuing any themes that trigger an intense affect.

Listening for the Associations

When clients jump to unrelated topics, or when they keep returning to the same topic during treatment, it is important to give attention (Maxmen, et al., 2009). Often when the therapist explores the association between the topics, it may reveal the real issue to be addressed. For example, while the husband keeps talking consistently on a topic about his wife's career decision to change jobs, he jumps to the topic of his own job status. After exploring further, the therapist discovers the connection between the two concerns, it reveals his anger at himself for not being more aggressive in pursuing his dream job.

Countertransference

The term countertransference derives from psychoanalytical theory. Gladding (2001, p. 33) defines it as “the positive or negative wishes, fantasies, and feelings that the counselor unconsciously directs or transfers to the client” stems from his or her own unresolved conflicts. The unfinished business with the therapist’s past injuries may

produce a *sore spot* where there is over identification with the client or the need to meet their own needs through the client (Neukrug & Schwitzer, 2006). The emotional reactions of the therapist, if not handled properly, can cause destructive therapeutic consequences. The key is how the therapist responds with self-awareness.

How a therapist feels toward a client is an important aspect of treatment. The therapist's feelings toward their client may be an indicator on how other people feel about the client. When a therapist dislikes a client or favors one member of the family or couple, this may lead to the client feeling a lack of advocacy, and it has the potential to undermine therapy (Maxmen, Ward, & Kilgus, 2009). Consequently, this can produce an imbalance in the treatment process, and in terms of a family or couple therapy, impacts all members.

One of the reasons that the therapist may dislike a client is due to countertransference issues (Patterson, et al., 2009). When the therapist has unresolved issues, it can distort his or her perception of the client and negatively influence the treatment process. This phenomenon can create a loss of objectivity for a therapist in the counseling relationship by triggering their own unresolved conflicts (Corey, Corey & Callanan, 2011). Being aware of counter-transference can help to facilitate the therapeutic process by giving clinical data to the therapist. In contrast, being unaware of countertransference behaviors can adversely impact therapy (Hill, 2009). When the therapist is self-aware of countertransference issues, and then takes the initiative to consult with their supervisor to process their feelings, this can help them to understand how to differentiate the therapist from the client. In this case, the countertransference can be utilized in a constructive matter.

Countertransference becomes problematic when not recognized by the therapist. At all cost, the therapist must not allow countertransference to obstruct clinical work. To do so is an ethical issue (Corey, et al., 2011). This is especially important in emotionally focused couple's therapy (EFT) as the therapist works through the emotions of a couple by providing a safe place to repair trust.

EFT and Treatment Planning

When Greenberg and Johnson (1988) developed EFT, their aim was to offer an antidote to the independence view. In contrast, it is through the acknowledgment and the sharing of human weaknesses and vulnerabilities, along with support seeking that aids in healthy relationships from an attachment perspective (Greenberg & Goldman, 2013). The name EFT draws attention to the importance and significance of emotions and emotional communication and how emotions organize patterns and interactions in the life of a couple. Their position is that emotions are key in defining experiences in relationships. EFT also advocates that emotions are a primary agent of change (Johnson, 2004).

Affect Regulation and Motivational Systems

As part of EFT's therapeutic work and/or treatment planning, Greenberg and Goldman (2013) suggest, it is crucial to observe affect regulation, defined as the core motive that organizes attachment, identity, and attraction. In their view, affect regulation does not mean control of emotion, but it is the process of determining the emotion one wants or does not want. This approach aids the therapist's understanding of human behavior and couple interactions in more concrete terms. For instance, couples conflict derives from the breakdown in both other- and self-regulation of affect; the work of EFT

is to help the couple and individual, regulate the emotions of anger, fear, shame, as well as love, kindness, and other positive emotions.

In this expansion of EFT, Greenberg and Goldman discuss adding to the framework of EFT of other-regulation of affect to increase self-regulation of affect in transforming the pain of unmet childhood needs that organizes responses in the present. These are later manifested by adult unmet needs for closeness and validation, which is the characteristic approach to couples therapy.

The three motivational systems, attachment, identity, and attraction, are essential for relational work in couples therapy. The treatment work focuses on three related sets of emotions, anxiety-fear, shame-powerlessness, and joy-love. This process also includes three correlated relational responses: they are listed as nurture-comfort, empathy-validation, and warmth-liking. For the therapist, these are central to treatment planning for and working on the relational repair. It is helpful for the EFT therapist to be aware of these motivational systems, and how to address them in the therapeutic context of couples therapy.

Attachment and Connection

As stated in previous chapters, the importance of attachment is well-established in regard to relational bond and security. It defines the individual in their most intimate relationships. As Johnson (2004) has written extensively on attachment, it is central to couples therapy in understanding the emotional regulation and interactive patterns that cause distress in the marital dyad. When the attachment bond is threatened it produces a negative affect of anxiety-fear, when it is secure it creates an affect of nurture-comfort.

Identity Influence

Understanding the emotional processes in the formation and maintenance of identity and dominance cycles is vital in couple's therapy. Differing from attachment, with an aim of comfort and security, this approach works with influence, power, and control and the underlying emotions. In the identity domain, the partner's response may soothe the vulnerable fear and shame; yet it is difficult for them to convince their partner of his or her self-worth. When the submissive partner responds to the dominant partner's need for influence, it only perpetuates the cycle. Change can only occur when the dominant partner releases their need for control, and the submissive learns to be more assertive. With attachment domain, self-soothing is important and equally as important in the identity domain, especially with the dominance cycle. When effectively addressed, the affect regulation response becomes empathy-validation, instead of shame-powerlessness.

Attraction and Liking

Greenberg and Goldman argue that the third motivational system is attraction and liking. They assert these positive feelings of attraction to, caring for, and liking of are important ingredients for making the relationship work. The positive affect (feelings) produced when a couple is interested, feel attracted to one another creating warmth, appreciation, and value of each other, leading to pleasure toward the partner. Without these, the relationship may function, but it will not flourish or last.

EFT Treatment Plan for Couples

In treatment planning, it is important for the therapist to understand the model for a healthy relationship in EFT terms. This will help to facilitate the goals of therapy and

determine the road map for recovery. According to Johnson (2008), concerning healthy relationships she states:

> A healthy relationship, in EFT terms, is a secure attachment bond. Such bond is characterized by mutual emotional accessibility and responsiveness. This bond creates a safe environment that optimizes partners' ability to regulate their emotions, solve problems, resolve differences, and communicate clearly…the research on adult attachment has demonstrated that secure relationships are associated with higher levels of intimacy, trust, and satisfaction (p. 112).

Furthermore, security in a couple's relationships helps in affect regulation, processing information, and communicating effectively. When a couple is in distress, being securely attached helps each partner to acknowledge his or her need and encourages openness to the other partner for support.

Keys Principles for EFT Treatment

As mentioned previously, EFT combines experiential and systemic approaches in treatment. Per Johnson (2008) the strength of these approaches is the focus on present experiences rather than the past, the view of people as fluid or *in process* rather than rigid or unchangeable. The two approaches blended together, focus on the circular cycles of interaction between people and the core emotional experiences of each person.

During treatment, the therapist focuses on the *four Ps* of EFT: *present* experience, *primary* emotions, *process* patterns, and *positions*. The elements of the *present* experience and *primary* emotions are derived from the experiential approach. The present experience deals with the past when it comes into the present. The therapist, with empathy and validation, creates for the client a positive context for exploration of his or

her emotional responses as they relate to how they cope and survive (Johnson, 2004). Emotions are re-experienced now, in the present, by creating a new experience. As part of viewing the present experience, the focus is on the current patterns and positions. The key is not asking "why" but focusing on what is. The therapist aids the client in making sense of the experience and finding aspects of the experience they usually do not give attention to by putting it together in a new way.

The *primary* emotions dimension validates the emotions of the client by moving from secondary emotions to the primary. The secondary emotions, less effective, are hard and hot, such as anger, defensiveness, irritation, etc. These are affect-regulation strategies used to cope with a loss of connection, may exhibit by clinging, demanding, pursuing behaviors, or denial, numbing emotions (Moser & Johnson, 2008). The primary core emotions connected to attachment core injuries are the softer emotions of vulnerability, such as being sad, hurt, scared, lonely, etc. It is important to remember that the primary emotions are foundational for intimacy and connection. The therapist determines the emotions to work with that are problematic in the present and have attachment implications.

It is important to understand the interpersonal aspects of relational distress. In doing so, the therapist focuses on the elements of *process* patterns and *positions* derived from systemic influence. The therapist, by observation of *process* patterns, ascertains how the client is processing in the moment. The therapist also systemically focuses on *positions* each partner takes in the relationship and then works to create a new position and new patterns. The EFT therapist utilizes emotions to break negative interactive cycles. The therapist focuses solely on systemic elements pertinent to the here and now

and may give therapeutic clues to the partner's family of origin or an understanding engagement in their interaction roles.

EFT Experiential Techniques

In treatment, therapists use experiential techniques such as empathic reflection, evocative responding, heightening, and empathic conjectures to help the client to explore their emotional responses (Johnson, 2004; Moser & Johnson, 2008).

Validation. The EFT therapist communicates that clients are always entitled to their experience and emotional responses. The position the therapist takes in this process is that nothing is wrong or irrational about the client's responses. When the client is explicitly validated, this provides a sense of security and acceptance of the client.

Empathic Reflection. In EFT, reflection requires empathic engagement and slows down the process of therapy by focusing on the client's experience. This process allows the client to understand and organize their emotional reactions. When this skill and intervention are done effectively, the client feels acknowledged and safe; this aids the client in unfolding and opening up to their experience (Johnson, 2004). Good reflection brings the abstract into a tangible experience for the client. For example, the therapist might say, "What you are saying Karen, to Stan, when you become inquisitive by asking questions about who he has been talking to or texting? Are you saying, 'I feel insecure in our relationship'? Is that right, Karen?"

Evocative responses. Evocative questioning focuses on the tentative or emerging aspects of emotional experiences (Moser & Johnson, 2008). Asking the client open-ended questions provides the client with the opportunity to explore more deeply their emotional experiences and responses. The therapist moves beyond the superficial to call forth the

emotions of the client (Johnson 2004). For example, the therapist might say, “Stan, I’m a little unclear. I need your help. You say Karen is the most important person in your life, yet I hear your tone, and it seems to communicate you are frustrated with her. I’m wondering if you are saying, ‘I do not feel I am trusted. I am feeling insecure.’ Is that right?” or, “Stan what happens to you when you express yourself that way?”

Heightening. This technique is used to highlight deeper emotional responses that underpin the negative interaction cycles. The therapist tracks both the internal and interpersonal processes, between each partner and couple. These are responses that usually play a role in maintaining the couple’s negative interactions. Positive or new interactions are highlighted as well. Heightening brings emotional responses to the light, so they can be used in reorganizing an experience and/or interaction.

Empathic Conjectures and Interpretation. The EFT therapist conjectures the couple’s state and experience by non-verbal, interactional, and contextual indicators (Johnson, 2004). The purpose is to help the couple gain new insight and interpretation of their experience. Johnson notes, from the experiential perspective, the therapist during this process must not impose discovery of interpretations on the couple, but allow the couple, through their own awareness, to self-discovery. These disclosures help the couple to identify their own attachment needs.

Systems Techniques

EFT track, reflect and reframe. This task is to help partners to restructure and reshape their interactions from destructive communication cycles. The purpose is to help the couple to develop more flexible and positive relational patterns. The EFT therapist tracks and reflects the moves in their relationship dance and its circular nature. The

therapist reflects back to the couple an understanding of how their role is maintaining the distress of their relationship cycle. The EFT therapist then works to reframe the couple's behavior in intimate attachment terms, specifically, the individual behaviors are reframed within the framework of closeness to their partner. For example, a partner's withdrawal may be reframed as a fear of being rejected (Moser & Johnson, 2008).

Enactment. Per Johnson (2008) the therapist guides partners in restructuring and shaping of new interaction patterns through the technique of enactment. This process involves enacting present positions and enacting new behaviors constructed upon the emotional responses of the couple. While slowing down the partner's interaction, the therapist aids in helping the couple to express the attachment related affect.

EFT Stages and Steps

The process of change in EFT is organized into nine treatment steps. There are three stages of treatment formation: *de-escalation of negative cycles of interaction, changing interactional positions, and consolidation and integration.* Each stage consists of unique steps that correlate with each stage (Johnson 2004, 2008). For couples experiencing relational distress and/or conflict, this treatment plan helps the EFT therapist to conceptualize and guide treatment.

Stage One: Assessment and De-escalation (Steps 1-4). Per Johnson (2004, 2005, & 2008**)** during **s**tage one, the therapist focuses on *step one* creating a therapeutic alliance with both partners and identifying relational conflict issues existing with both partners. As part of the relationship-building, the therapist uses the tools of empathic attunement, acceptance, genuineness, and continuous active alliance monitoring.

Step two. The therapist identifies the negative interactive cycles of the couple and attachment issues. This process involves softening skills by the therapist and the modeling of soft and slow words to the couple. The therapist assists the couple by slowing them down and helping them to view their words and emotions wisely. Furthermore, this step includes delineating the different negative interaction cycles such as pursuer/withdrawer, withdrawer/withdrawer, attack/attack, complex cycles, and reactive pursue/withdraw cycle. The therapist also identifies secondary and primary (attachment) emotions that are characteristic of the cycle, and assessing attachment history, including attachment injuries, and trauma. As detailed in the previous chapter, "assessment and cycles" are conducted in steps one and two. Since EFT follows the experiential model assessment and is an ongoing process, it is not separate from treatment.

Step three. The therapist seeks to understand the underlying emotions of each partner's position in the interactional cycle. The treatment work is on the unacknowledged emotions and endeavors to get each partner to acknowledge and experience these emotions (Johnson, 2005). The task is to help each partner to access and become aware of the primary emotions, and learn to be attentive to them.

Step four. The therapist reframes the relational conflict in terms of the negative cycle, attachment needs, and underlying emotions. The therapist facilitates the couple to expand their understanding of cycles or patterns, and the influence of emotional responses and attachment needs. Furthermore, the couple develops an understanding of their relationship as separate from the negative interactional cycle. The goal of this stage is to have a meta-perspective on their interactions (Johnson, 2008).

Stage Two: Changing Interactional Positions. During this stage, *step five* focuses on the partner's understanding of their attachment-based emotions and needs, and how each plays into the relationship cycle (Moser & Johnson, 2008).

Step six. The therapist promotes partners to accept each other's emotional experiences, and to develop new structures of responding within the relationship cycle.

Step seven. The therapist helps to facilitate the partners' unmet emotional need and wants and encourages each partner to express empathy and acceptance to their partner's expression of vulnerability. The goal is to have the withdrawn partner to re-engage and actively express to the other partner the re-engagement. In addition, the goal is for the blaming partner to soften their affect and ask for their attachment need to be met (Johnson, 2008). This fosters vulnerability and empathic responsiveness, and bonding events can occur. The partners are able to comfort one another, and become mutually accessible and responsive (Johnson 2004, 2005).

Stage Three: Consolidation and Integration. The therapist, in *step eight,* helps to facilitate new ways for couples to interact with one another. This allows for the emergence of "new solutions to old problems" (Johnson, 2008, p. 116). As part of this step, the couple deepens relational skills developed by the couple.

Step nine. The therapist helps the couple to strengthen their new relational positions and attachment behaviors with the goal of consolidating new responses and cycles including a review of accomplishment during therapy.

The EFT stages and steps were developed by Johnson primarily for couples, but can be adopted in family therapy. According to Johnson (2004, 2005), Emotionally Focused Family Therapy (EFFT) utilizes the same processes and goals to frame the

emotional experiences between family members within the framework of attachment theory. The work with EFFT is to create and maintain secure bonds. The therapist works with the whole family emphasizing nurturance and connection between members, and at times with sub-systems or dyads. Johnson states that EFFT is especially useful when a child or adolescent exhibits problematic behavior or when a family presents interactional difficulties. The goals are to modify distressing interaction cycles that create or maintain insecure attachment issues, fostering positive cycles of interaction between all family members, and promote a secure base for children to grow and develop (Johnson, 2005).

Termination. In this phase of treatment, the therapist works collaboratively with the couple allowing them to review what they learned during the sessions. The couple mutually begins to process the consolidation of their new experiences, new interactional positions, and key insights gained by finding new solutions to problems. The therapist, using evocative responding, allows the couple to explore any concerns about the closure of therapy. Using validation, the therapist walks the couple through concerns reminding them of the ways they learned to address and exit negative interactional cycles (Johnson 2008). The therapist encourages the couple to be proactive in their emotional connection. EFT aids couples with a list of *attachment rituals* to help the couple to stay on track with relational bonding.

CHAPTER SIX

CASE STUDY

This case study presentation for this thesis focuses on marital therapy. It includes the perspectives from each partner's family of origin. In assessing contributing factors to their marital distress, utilizing family systems theory and EFT approaches, plus other pertinent diagnostic tools, and key themes presented throughout this paper. The case study involves trauma history, the marital dyad experiencing negative interactional cycles, and a yearning for secure attachment by both partners. The couple felt they were at an impasse in communicating effectively with one another. Each partner expressed concern in their roles with their family origin. The couple requested spiritual guidance and psychotherapy to repair their relationship, and an understanding of how they should function as newlyweds. Neither partner felt they had a good role model for marriage from their family of origin. This case reflects many of the integrative themes of this paper. There were nine sessions conducted, and although more sessions would have been helpful, there were enough to reestablish a secure attachment, deescalate negative interactional cycles, and set clear boundaries for their familial roles in their extended family.

The names and identifying information have been changed to protect identity. In John and Charlene's case study, the therapist was in a unique position to give them premarital counseling, followed by officiating their wedding, and post marital counseling. The roles of the therapist in this therapeutic process are both pastor and counselor. The sessions and interventions are from post-marital counseling.

Basic Information and History

The couple requested pastoral counseling from their pastor. They had been married for less than one year. The names John and Charlene are fictitious names, and other names and locations have been changed. The couple are both Caucasian as well as their families of origin. John is 29 years old and Charlene is 26 years old.

Presenting Complaints

The couple came for premarital counseling. It was noted that they had lived together for about one year prior to the marriage. The couples received six premarital counseling sessions. After the marriage ceremony, the couple requested post marital counseling sessions to address their concerns. The presenting complaints are as follows:

1. John does not have a job. It was stated, “This is a big issue.” He reported that Charlene was “the primary bread winner. She makes $90,000 a year. And we owe $30,000, and pay $500 a month, interest free, to the company Charlene works for.”
2. John and Charlene are concerned about having more children. He stated, “When we do have children, I want Paul (stepson) to know he is loved the same even though he is not my biological child.” He reported, “From my past experiences, I know how it feels to have a stepfather.” He presented this complaint in a twofold way: financial instability to have more children, and his concern for Paul’s place and role. He wanted Paul to know he is loved.
3. John shared about his losses in life, and how they have affected him. He noted his losses were as follows: he stated, “because of the accident, I am now disabled, and I have lost my friendship with my brother-in-law. My

stepfather has rejected me because of the tragic death of my former girlfriend. My inheritance, from my biological father, is gone; he spent all of it on the trial. I have lost my reputation, and my grandfather, who was like a real father passed away a few years ago. He noted that these losses presented some mental health concerns. He would like to work on these issues.

4. The couple also mentioned, there is a need for improved sexual relationship, the ability to communicate more effectively, and manage conflict better. Charlene is fearful of divorce. She wants to take the measures necessary to prevent "what happened to my parents."

Assessment and Conceptualization

Husband's family history. John is a Caucasian male who is 29 years of age. John reported his family, including grandparents, moved from Texas to Western North Carolina when he was five years old. His grandfather owned three car dealerships: two in Texas, and one in Louisiana. They had a strong economic foundation. John reported that he grew up in a privileged environment. He said he had trouble in school because of ADHD; he reported no other disorders during his childhood. As an adult, he said he learned to manage the disorder without medication management or therapy. He spoke affectionately of his grandfather, and he noted that he was very close to his grandfather until he died about six years ago. He remains close to his grandmother who was recently diagnosed with Alzheimer disease; otherwise, she is relatively healthy. He has close bonds with his mother and two sisters.

In the last three years, he suffered several traumatic losses in his life; the most recent within the past year, is the loss of his biological father. He also lost his girlfriend in a tragic car accident, he was charged with second-degree murder along with competitive speeding. During the court proceedings, he testified against his brother-in-law, saying his brother-in-law ran them off the roadway causing the crash. This was a highly-published court case. The case was covered by three television news channels, plus being on the newspaper's front page. His brother-in-law was one of his closest friends. He lost him as a friend; they no longer talk. In the aftermath of the accident, John discovered his stepfather had an affair during the trial with his mother's best friend (who attended the court case to support John), and his stepfather left his mother. He stated that his stepfather said he could not handle the situation; he attacked John and accused him of causing a great headache and pain for their family. John considered his stepfather to be a father-figure. John felt rejected and abandoned. Because of the injuries John sustained in the accident, he is limited in his ability to work and cannot work in his trade as a cable installer. This is another loss with respect to income and self-esteem.

The jury reduced the charges to vehicular manslaughter. John and his brother-in-law served a 90-day sentence in the county jail; however, the lawyer fees were in excess of $100,000, which his biological father paid, spending all his savings. What inheritance his stepfather had for him in real property, personal effects, and his favorite fishing boat were taken by his stepmother. His stepmother refuses to have anything to do with John. She will not allow him back at the ranch in Texas. John reported this action compounded his grief over his father's death. He stated he felt his concerns in the marriage stem from all the losses and abandonment issues he faced.

Wife's family history. Charlene is a Caucasian female who is 26 years old. Her son Paul is five years old. Paul's biological father is a former boyfriend. Charlene and her boyfriend never married. At present, she reports she has no contact with her former boyfriend, and prefers it that way. Charlene has full custody of Paul; she presents as an excellent mother.

Charlene is from a military background. She was raised on several military bases. Her father is career military. Her mother was a bartender at the all bases where they lived. Her mother had an affair with Charlene's stepfather. The affair broke up the marriage, and her parents have been divorced 10 years. Charlene reported that her biological father was an alcoholic. Her mother had addictive behaviors; no area was specified. Charlene has a close relationship with her full brother. Her mother and stepfather have two sons who are Charlene's half-brothers. She reported that she is close to these brothers. Her mother had another son with her first husband, who is also Charlene's half-brother. Her relationship with him is reported "to be fair." Charlene's mother has been married and divorced twice. Her current marriage is her third. Charlene noted, "Mother is very controlling; however, she is a very serious Christian prayer warrior. My mother is jealous for time with [her grandson son] Paul. My relationship with my mother is strained."

In respect to her relationship with her stepfather, she said, "I have a very close bond with him. I love my stepfather very much." Her relationship with her biological father was once distant, but they are fairly close now. He stills struggles with alcohol abuse.

Charlene reported that her paternal grandparents were divorced. Her parental grandfather, a preacher, died two years ago. Her maternal grandparents stayed married; however, her grandfather was abusive.

Charlene's concern about the marriage is fear that the marriage will end in divorce the way her parents' did. She reported she wants this marriage to succeed with all of her heart. She is fully aware of John's trauma and what he has gone through, but she loves him immensely in spite of his tragedy.

Couple's history. Charlene and John met through an online, Christian dating service. They said that the main thing that drew them into the relationship was their Christian faith, especially the Pentecostal distinctive. They were both raised as children and adolescents in the same faith tradition. This has been an important part of their relationship. They both are similar in age, race, religion, preferences, etc.

Families Strength and Weaknesses

The couple's strengths are reported as honesty and openness in the relationship. They seem to be aware of each other needs. They have adjusted and transitioned well into marriage. They report they have consideration for one another. They seem to be an able to forgive and reconcile quickly. Step-parenting issues seemed to be addressed and processed in a healthy way. Their spiritual focus and beliefs are strong. Charlene and John attend church faithfully. There is a willingness to come to counseling. They are attentive and very committed to couple's therapy. This shows a willingness to build a strong marital dyad and strengthen their family system.

The weaknesses areas of the family as stated by the couple are communication issues with Charlene's mother and financial matters. Charlene presents idealistically

about the relationship; John is less idealistic. John is strongly bonded to his mother. There appears to be a fused emotional relationship with her. This presents a *triangle* that needs further exploration. The triangle would be defined between John, Charlene and his mother. John stated that he has taken his concerns to his mother. These are concerns are Charlene's spending habits, and their financial difficulties. He appears to take the stress of the relationship to his mother to stabilize and reduce his tensions. They are living in one of his mother's homes. They have been infrequent in paying rent. John feels they are taking advantage of his mother, who is going through a divorce settlement and needs the extra funds.

Identified Patient

It would appear, from all the previous indicators, John is the symptom bearer of the family's stress. He would appear to be the identified patient (IP). He seems to carry the stress of the family. He worries about financial stability, and his inability to support the family financially. This is further evidenced by his sober contemplating affect at times. A clinical reflection: he may be dealing with dysthymia, provisional. This is something that needs further review. He seemed mildly depressed while in session, and he gets lost in his thoughts as well. When asked, "What is going on inside of you?" he will invariably say, "I wish I could do more to help." Charlene is very self-confident in her work. She is earning a significant income, plus bonuses and awards. She presents happy in her affect. John comes from a highly successful and prominent family, where the man was always the providers. The family's money spans generations. Lack of success is a conflict for John. Charlene comes from a family with modest means; however, she has taken the role of provider. John reported his struggle with ADHD, his

current lack of marketable skills because of his physical limitations bothers him. He seems to be more negative about the future than Charlene.

Medical and Psychiatric Assessment

John reported back and foot injuries sustained in the car crash. He had several surgeries to address a broken foot. He has been to physical therapy and seems to have made marginal improvement. John was hospitalized for a short time in a psychiatric care unit after the car crash. He reported he did not know if any diagnosis was made. As mentioned, he did reported having ADHD diagnosis, currently self-managed. When asked at what time he received the diagnosis, he did not know. He presented with low grade depression, a possible indicator of late-onset persistent depressive disorder. Charlene reported no current medical conditions. Prior to the marriage, Charlene reported that she had bouts with depression and has been on Lexapro. Currently, she is not on medication for depression. She feels the depression was more situational.

Mental status. John's mental evaluation presented some affect concerns. Charlene presented normal functioning across all domains.

Cognitive functioning. Both partners demonstrated appropriate cognitive functioning. This evaluation included the areas of reasoning, perception, and judgment processes. They showed no evidence of memory or learning problems, in spite of John's ADHD diagnosis.

Affect. John showed a sadness, which is typical of grief for the losses he experienced. It seems to be a prevailing mood. He presents anxious at times, but within the context of his life, it does not seem to be impair his functioning. Charlene presented as happy and hopeful.

Orientation. The both were aware of their current situation. They both are attentive to time and space, and are oriented to self and each other.

Case Conceptualization

John grew up the only son of the family. He is the middle child, and he has two full sisters. His mother recently adopted his sister's son, his nephew. His grandparents had three girls; they all have daughters. John was the only grandson in the family. He was raised in an environment that was conducive to him receiving all the attention. John is enmeshed into the family system. In sessions, he constantly interrupts Charlene. He assumes that she understands more about him than she does. He and his mother are *emotionally fused*. There is a triangle between John, Charlene, and his mother. He stills lacks *self-differentiation* in relation to the family of origin. There appears to be no clear sense of self. This is indicated by his lack of accepting emotional and financial responsibility for self, and he is still embedded in the emotions of his mother. He constantly refers to his family of origin, and he still depends on his mother for a home, and emotional support. The family boundaries are enmeshed presenting a lack of clear separation of generational boundaries. The loyalty to family of origin may be greater than the family of procreation. John assumes the role of the IP of the family. There are significant losses in his life, contributing to his grief and his mental outlook. It is highly probable that he suffers from Adult ADHD (DSM-5, Unspecified) and a persistent depressive disorder (DSM-5, Unspecified Depressive Disorder). He needs a referral for further evaluation. No substance abuse has been reported.

John does present in a *secure* attachment style. His love and commitment to Charlene are strong, although he shows a lack of self-confidence and self-esteem. He

deals with feelings of uncertainty in the relationship, tends to minimize problems, and he is reluctant to deal directly with issues. He has difficulty expressing his thoughts and feelings.

Charlene is haunted by her mother's failed marriages. She is determined to make her marriage work for a lifetime. Charlene is the only girl in the family; likewise, she received most of the attention in her family. She appears to have adjusted well to transitions in life. She has a strong sense of self indicated by her *self-differentiation.* She has a true sense of autonomy and self-reliance. Charlene's family presents *rigid boundaries*. Her family of origin has low to moderate cohesion. Charlene said that her relationship with her mother "lacks communication." Her mother is "very controlling." She said that her mother said to her, "I want to protect you from my mistakes." This would present a close but hostile relational dynamic. In session, she speaks of her mother with respect. She and her stepfather have a close relationship. Her biological father is fairly close to her; his alcoholism presents a problem. She reported there are intergenerational addiction problems, and relational problems in the family. Her maternal grandfather is abusive to her grandmother. She said, "All were drinkers."

Her son, Paul, is very close to her. She exhibits strong parental aptitudes. Although, he was born out of wedlock, she adjusted well to her maternal situation.

Charlene said she was medicated for depression with Lexapro. She is not on the medicine at this time. She does not present any depressive tendencies. Her affect is positive and outgoing. Her attachment style is secure. She has an idealistic view of marriage. Her view of her husband is one of respect and honor. She is highly assertive, and self-confident in the relationship. She feels positive about their relationship and how

they share their feelings. She reports the need to work on effective communication. No substance abuse was reported.

Clinical impression. John and Charlene are working through the adjustment period of marriage. The problems they are experiencing are normative. The main objective is to strengthen their deep, emotional connections.

Treatment Plan

For couple counseling, the treatment theory of choice is Emotionally Focused Therapy (EFT). There are no perceived contraindications to this approach. It will serve as the best approach to secure the attachment bonds. Both partners revealed emotional interactions or reactivity. Although, they present volatile at times, they quickly regulate their emotions, and settle conflict. There are numerous, positive bids for one another during sessions. There is a close, collaborative, therapeutic alliance established. The couples appeared to have common interactional cycles when identifying negative interactive cycles. The goal is to reprocess experiences and reorganize interactions to create a secure bond. It is from this base of secure connectedness, that treatment can be successful. The number of treatments should be eight or nine sessions. Keeping the *10 central tenets* of attachment theory in focus is essential. Walking the couple through the *9 stages of EFT* will be helpful to the relationship. Some of the family system issues will be addressed and interwoven into the sessions as psychoeducational. It had been noted that all issues cannot be addressed during the EFT sessions. Priority will be given to the marriage first, then recommendations will be made for other issues. For instance, to deal with the financial issues, it is recommended that the couple attend financial management classes at the church or through an agency. Individual therapy, by referral, was

recommended to John for a deeper look at trauma issues and ADHD; however, he declined. It was noted, the trauma-related issues may be helped by strengthening the marital dyad, and learning new solutions for interaction. This will help John later if he chooses to pursue other therapeutic interventions. The purpose of the core treatment is to strengthen the relational bonds, thus reducing some of the trauma affects, and restructuring family system issues, i.e. triangulating, enmeshment.

Treatment Goals and Objectives

John and Charlene appear to be highly motivated to work on their goals and objectives. These goals and objectives are stated with positive affect to empower the couple. The purpose of the goals and objective is to eliminate the presenting complaints. The following goals and objectives were established after the comprehensive assessment sessions were agreed upon by both the couple and therapist.

Goal 1. Help John to find the right opportunity and direction for his work, so he can provide extra income for the family. This will create a feeling of security to have more children.

Therapeutic treatment. Identify and address key emotions in John's life related to his lack of income. There are present, underlying emotions such as fear as evidence by his statement of "feeling not important, not wanted or desired." Consider the key movements in John's life narrative from his experience focusing on his emotional response including exploration and reformulation of his emotions with validation. This will include working with John to strengthen his relational bond with Charlene. His focus should be on the attachment bond with his wife and doing so will compliment his autonomy. [Note: They declined individual therapy; they prefer to work together.] This

provides the platform for significant engagement with Charlene and helps to reframe his emotional experience to a more positive affect. This would include job alternatives with new possibilities, such as John taking a career assessment analysis. This will create a new, emotional response.

Goal 2. John and Charlene want Paul to be well-integrated into the family, so he will feel strongly connected to the family.

Therapeutic treatment. Work on John and Paul's relational bond for secure attachment. This can be facilitated by John and Charlene relationship being strengthened first. Explore and identify John's primary emotions, and allow him to express how he feels about growing up in a stepfamily. He will reflect on his experiences, validating, and reframing them. Shift the focus then to Paul, to validate, and redirect the process. Catching negative bullets is part of the process, and allows John to feel safe and secure about the future. This will include some psychoeducational components to help to educate both John and Charlene on blended families.

Goal 3. They want John to be healed of the traumatic events of his past, so he can be free to move forward in his life and fulfill his God-given destiny.

Therapeutic treatment. Help John to find his ultimate attachment to God. Identify the separation distress and depression following the loss of connection. Work on John's grief process, and make sure he has gone through the grief stages in a healthy way. Based on John's strong faith commitment, equip him to understand that God is a wiser and safer base, a safe haven, and secure source of comfort. As John deepens his engagement with God, and his relational bond with God, they will provide a place of refuge.

Goal 4. They want to work on communication skills and conflict resolution, so they can understand one another better, and connect by being heard and hearing one another.

Goal 5. They want to have a better sex life, so they can feel bonded. They want to protect their marriage from divorce and grow in their life together.

Therapeutic treatment. Given they are both secure in their attachment style. Using EFT to maximize their relational bond should help them to strengthen their engagement even deeper. The therapist will work on affective listening skills, and teach them to identify their primary emotions. This will include helping them to remove perceived threats to the attachment bond. The couple will work on the negative interactive cycles, thus identifying and removing them from the communication process by accessing and reformulating their emotions. The EFT steps of forgiveness and reconciliation will be beneficial. Working on a deepened attachment, will help in their sex life. The greatest prevention of divorce, ultimately, is an emotionally engaged couple.

General Treatment

John and Charlene were highly motivated for couple's therapy. They attended all sessions and were fully-engaged in the process. Their strong faith in God and the belief that it is his will for their marriage and family to enjoy the community of oneness was central in all aspects of therapy. This outline gives an overview of the summary of their marriage and family treatment. The nine sessions were adequate to address some of the key themes and goals. Although, it was stated to John and Charlene that all issues presented could not be covered in this timeframe, the primary focus would have to be on strengthening the marriage, resulting in putting them in a better place to deal with many

other life issues. They agreed, and understood that it could be a much longer and intensive process to cover all they wanted. This outline covers some of the key themes with summaries of what they experienced and the integrative approach to marriage and family therapy.

Summary of Sessions

Sessions 1 and 2. The therapist asked about the couple's comfort level of being counseled by their pastor. It was specifically asked, "Do you feel comfortable receiving counseling from your pastor?" Full disclosure issues were addressed, as related to the dual role of pastor and therapist, such as the importance of sharing any concerns with the therapist from messages heard from the pulpit that could be interpreted, implicitly or explicitly, as relating to any of their sessions. The therapist explained to the couple that the use of syntax, integrative themes, and concepts of spirituality, are the same used in therapy, preaching, as well as teaching. They affirmed they would discuss any concerns, but did not want the pastor to be hindered in preaching/teaching truths. Charlene said, "The truths shared here in therapy are truths that need to be shared in community." There was also a discussion about confidentiality issues, and an explanation of the limitations of privileged communications.

The purpose of the above statement was to establish therapeutic alliance so both partners would feel safe, understood, and accepted. When asked, the couple affirmed confidence in knowing their goals and needs would be understood.

The next step included the gathering of basic information, although there was significant amount amassed from six premarital sessions. The focus of information

gathered was on relevant issues around marital distressed, knowing the presenting problem, and formulating a case conceptualization.

The initial sessions included brief psychoeducational training on EFT and family systems theory. Sessions also focused on sharing about other resources that could aid the couple in their recovery; that is, financial management classes, being a part of a small group, attending a couples' class, and a devotional guide for marriage.

Session 3. Again, both partners have been assessed with secure attachment styles. EFT work begins, by identifying some of the negative interaction cycles and underlying feelings. For instance, at the onset of the session, John expresses his anxiousness over a new car purchase. Charlene dismisses his concern. She stated she is wanted to go to the "The Club" dancing this coming Friday night. She stated, "John is just upset over my friend Debbie, who is a drinker, who is going with me. This is Debbie's birthday party. I need to be a witness to my friend." Charlene expressed that she is upset that John does not trust her. John stated, "I trust you, but not Debbie. I am concerned over her lifestyle." The therapist stated, "So, what is going on is that each of you feel a lack of trust, is that right?" They both replied, "Yes!" "So, John your anger and mistrust is really that you are fearful of losing Charlene, it that right?" John replied, "Yes!" "Charlene, your feeling of frustration is that John does not trust you. Is that what you are saying?" Charlene replied, "Yes." The therapist said, "So, what I hear you say, 'I feel inadequate or alone,' is that right?" They said they agreed with the conjecture.

It was identified that John was trying to protect the relational bond he feared losing, while Charlene was trying to protect her identity and autonomy while maintaining a sense of security in the relationship. Instruction was given on how to express the more

vulnerable emotions, which they did, and the healing occurred quickly as evidenced by loving bids and affection. John spoke, now feeling secure, “Charlene, why don’t I go with you and let you off and pick you up.” Charlene said, “That is what I wanted all along.” Explanation was given concerning the negative cycle, and it was identified as the “Protest Polka Spiral” (Johnson, 2016, pp.42-43). The Protest Polka is about trying the get a response that connects and reassures. The destructive cycle is the enemy and was keeping them from where they really wanted to be in secure attachment. EFT skills were taught to recognize, this dance or pattern, and learn to identify the secondary and primary emotions characterizing the cycle, hence, reframing the problem in terms of a negative interaction cycle.

Session 4. EFT work continued in this session. The focus was on learning to access their primary and secondary emotions, and how better to express their mutual empathy for each other. Per request, the family relational dynamics was conducted along with psychoeducation on a family genogram and systems theory. The genogram helped to bring intergenerational relational patterns awareness demonstrating how the families of origins function. This family map brought focus on what they should look for in their family of procreation. The primary focus was on relationships; some patterns of addictive behavior was identified. The family systems piece focused on defining enmeshment, boundaries, triangulations, self-differentiation and how to make adjustments in each of these areas to secure their marital dyad.

In this session, John had to be refocused several times for jumping to other non-relevant issues. The issue that surfaced was his belief that his stepfather was hiding money from the divorce settlement with his mother. He stated that his stepfather also

borrowed a large sum of money from his grandmother and had no intention of repaying it. There were a lot of family stressors mentioned by John, e.g. mother's divorce, stepfather's rejection and hiding money, bad relationship with his brother-in-law, and his brother-in-law's mother is now in a relationship with ex-stepfather. John was listened to with empathy and validation. Then John was redirected to focus on the marital dyad and the overall family functioning. Additionally, Charlene stated she did not want to talk beyond the scope of the marital dyad and the families of origin relational patterns. She wanted to stay focused on "the marriage and family concerns." Last part of the session, a list of family stressors was made for future consideration in therapy. It was noted that these concerns can be revisited at a later date that the session needed to stay focused on the presenting complaints and goals. John readily complied with the recommendation, and Charlene was satisfied with the plan of action.

Session 5. During this session, the focus was on the therapeutic goal of improving their sex life. As EFT work continued, the session started by John expressing his sexual concerns. He noted that he has low testosterone contributing to his low libido. He further noted he was concerned for his sexual health. Charlene mentioned she just thought John was not interested in her, stating, "Poor soul. I love you. We will work on this together." Charlene showed her understanding of the EFT technique she learned of empathy and acceptance of John's experience. John responded in kind. The next few moments were a time of promoting each other's experiences by acknowledging each other's pain.

A new positive interaction cycle emerged. EFT heightening technique was used to highlight the new and positive interaction. They were affirmed for finding the right solution to deescalate a potential negative interactive cycle and making progress. The

recommendation was made that John needed a thorough physical examination from his primary-care physician concerning his low testosterone issues and sexual health concerns.

Sessions 6 and 7. During these sessions, per the couples request work begins on Paul's integration into a new family. The goal was for Paul to be well-integrated in his new family. John stated, "Even though Paul is not my biological son, I want him to be treated the same as a biological son. I know how it feels to be a stepson looking for a stepfather to love me unconditionally." Charlene stated that she felt "very positive about their relationship." There is no indication of any problem regarding the relationship between John and Paul.

In regards to strengthening the stepfather and stepson relationship, practical and spiritual counsel was given to John to work on spending personal time with Paul as well as actively to his feelings, being present with him in conversation, and working on maintaining the position of a secure base for Paul, i.e., a close connection with Charlene. Reading resources were recommended to John on how to develop a healthy stepfamily. It was pointed out that some of the underlying feelings John was experiencing came from his own upbringing and experiences. John was validated for his desire to bond emotionally and connect with Paul.

Another part of these sessions, was to explore John's fear of abandonment issues. This included all attachment-related fears and feelings of being valued. Charlene utilized an EFT technique of creating a new experience to John by offering empathy and safety for John. The therapist affirmed these steps of progress.

Session 8. Improvements were noted in John's self-differentiation awareness. It was evidenced by his report of going to his wife about issues and not his mother. He explained he had told his mother any marital issues he and Charlene had would be resolved between them. John told his mother that the greater issues, e.g., money matters, siblings, etc., concerning the overall relationship within the family would be discussed together. He affirmed his mother was supportive and understood. From an EFT and systems perspective, this provides the only workable solution to keeping the marital dyad strong.

John and Charlene have shown progress and confidence in accessing the attachment needs and to repair them using EFT skills. Charlene was a quick study and adapted more readily than John. Both demonstrated diligence in pursuing the skills needed to protect their relational bond.

Session 9. In the final session, the couple continued to consolidate and integrate the EFT skills of new positions and new cycle experiences. Significant improvements have been made. There was a time of reflection on the wins and accomplishments. There seemed to be an awareness of the family systems and a knowledge on how to address them.

Because of the change in work schedule for Charlene, the couple initiated the need to terminate, but wanted to keep the opportunity open to revisit some of the other issues not addressed in their sessions. The therapist offered the couple an appointment anytime to go over the EFT skills they had learned, or if they find themselves get stuck on an issue.

It was recommended to John to get a physical examination by his primary physician for his sexual health concerns, an evaluation of ADHD and possible persistent depressive disorder, and to consider individual therapy for the trauma experienced by the car crash.

Case Conclusion

The prognosis for the couple looks very promising. The above treatment measure should continue to modify and correct the relational issues of enmeshment with John's family. They should continue to de-triangulate the triangle between his wife, mother, and himself. They are highly motivated to secure a healthy relationship. They never missed an appointment, and the therapeutic alliance was strong, stable, and spiritually-centered. They are determined to make this marriage strong, healthy, and vibrant.

Since the sessions, the couple has welcomed a baby boy into their blended family. They have maintained the EFT skills for some time with no relapses reported. John and Charlene have attended and successfully completed a financial freedom university at the church. They are now pursuing a "community of oneness" fulfilling God's original design.

This marital case illustrates the main themes of this paper. This marriage is a testimony of a therapeutic Christ-centered approach integrated with psychological perspectives that helped to repair this marriage and family of distress.

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